

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 31, 2005 8:00 am
Secretary of State**

03-31-2005 90046 010 ***150.00

DOCUMENT # P97000070513		
1. Entity Name SLESSER POOLS, INC.		
Principal Place of Business PO BOX 2595 BUNNELL, FL 32110		Mailing Address PO BOX 2595 BUNNELL, FL 32110
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SLESSER, JASON-E 16 IVEY LANE FLAGLER BEACH, FL 32136		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) _____ DATE _____		
10. OFFICERS AND DIRECTORS TITLE: P NAME: SLESSER, JASON STREET ADDRESS: 16 IVEY LANE CITY-ST-ZIP: FLAGLER BEACH, FL 32136		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: <input type="checkbox"/> Delete NAME: SLESSER, MARIA STREET ADDRESS: 16 IVEY LANE CITY-ST-ZIP: FLAGLER BEACH, FL 32136
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Maria Q. Sesser</i>		3-21-05 386931-1325 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____