

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P97000081024</b> 1. Entity Name <b>SHARPER IMAGE POOL SERVICE INC.</b>					
Principal Place of Business <b>1202 W. CARMEN ST TAMPA, FL 33606</b>			Mailing Address <b>P.O. BOX 130698 TAMPA, FL 33681-0698</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3463663</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GORGEN, DAVID 1202 W. CARMEN ST TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <b>800033452228</b> 04/21/04--01060--030 **70.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GORGEN, DAVID</b> <b>4556 S. MANHATTAN AVE, SUITE C</b> <b>TAMPA, FL 33619</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GORGEN, DAVID</b> <b>1202 W. CARMEN ST.</b> <b>TPA FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RIVERA, FRANKIE</b> <b>P.O. BOX 130698</b> <b>TAMPA, FL 33681</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, KERRY</b> <b>P.O. BOX 130698</b> <b>TPA, FL 33681</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KOTTKE, RANDOLF</b> <b>P.O. BOX 130698</b> <b>TAMPA, FL 33681</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAMS, EDDIE</b> <b>P.O. BOX 130698</b> <b>TPA, FL 33681</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>OCEAL, TONI</b> <b>P.O. BOX 130698</b> <b>TPA FL 33681</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BISHOP, BRYAN</b> <b>P.O. BOX 130698</b> <b>TPA FL 33681</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FLORES, CARLOS</b> <b>P.O. BOX 130698</b> <b>TPA, FL 33681</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE: David Gorgen</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>DAVID GORGEN 4-6-04</b> Date Daytime Phone #		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04062004 Chg-P CR2E034 (10/03)

**\$8.75** Additional  
Fee Required

**FL**

Zip Code

813-839-6333

813-918-5222