

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000081024 1. Entity Name SHARPER IMAGE POOL SERVICE INC.								FILED 04 APR 15 AM 9:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 1202 W. CARMEN ST TAMPA, FL 33606			Mailing Address P.O. BOX 130698 TAMPA, FL 33681-0698					04062004 Chg-P CR2E034 (10/03)					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3463663						Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required							
Zip Country		Zip Country		6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
GORGEN, DAVID 1202 W. CARMEN ST TAMPA, FL 33606						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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		800033452228 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		P <input type="checkbox"/> Delete GORGEN, DAVID 4556 S. MANHATTAN AVE, SUITE C TAMPA, FL 33619			TITLE NAME STREET ADDRESS CITY-ST-ZIP		P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GORGEN, DAVID 1202 W. CARMEN ST. TPA FL 33606						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <input type="checkbox"/> Delete RIVERA, FRANKIE P.O. BOX 130698 TAMPA, FL 33681			TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SMITH, KERRY P.O. BOX 130698 TPA, FL 33681						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V <input type="checkbox"/> Delete KOTTKE, RANDOLF P.O. BOX 130698 TAMPA, FL 33681			TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAMS, EDDIE P.O. BOX 130698 TPA, FL 33681						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OCEAL, TONI P.O. BOX 130698 TPA FL 33681						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BISHOP, BRYAN P.O. BOX 130698 TPA FL 33681						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FLORES, CARLOS P.O. BOX 130698 TPA, FL 33681						
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>David Gorgen</i>						DAVID GORGEN		Date 4-6-04		Daytime Phone # 813-839-6333 813-918-5222			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													