

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081024

FILED
Jan 21, 2005
Secretary of State

Entity Name: SHARPER IMAGE POOL SERVICE INC.

Current Principal Place of Business:

1202 W. CARMEN ST
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130698
TAMPA, FL 336810698

New Mailing Address:

FEI Number: 59-3463663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORGEN, DAVID
1202 W. CARMEN ST
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GORGEN, DAVID
Address: 1202 W. CARMEN ST
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: SMITH, KERRY
Address: P.O. BOX 130698
City-St-Zip: TAMPA, FL 33681

Title: S () Delete
Name: WILLIAMS, EDDIE
Address: P.O. BOX 130698
City-St-Zip: TAMPA, FL 33681

Title: S () Delete
Name: OCEAL, TONI
Address: P.O. BOX 130698
City-St-Zip: TAMPA, FL 33681

Title: S () Delete
Name: BISHOP, BRYAN
Address: P.O. BOX 130698
City-St-Zip: TAMPA, FL 33681

Title: S () Delete
Name: FLORES, CARLOS
Address: P.O. BOX 130698
City-St-Zip: TAMPA, FL 33681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KOTKE, RANDY
Address: P.O. BOX 130698
City-St-Zip: TAMPA, FL 33681

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GORGEN

P

01/21/2005

Electronic Signature of Signing Officer or Director

Date