


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90058 006 ***150.00

DOCUMENT # P97000104618	
1. Entity Name PARAMOUNT POOLS OF PINELLAS COUNTY, INC.	

Principal Place of Business 9026 OAK STREER NE ST. PETERSBURG, FL 33702	Mailing Address P O BOX 22092 ST. PETERSBURG, FL 33702
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2. Principal Place of Business 403 INDIAN MEADOW COURT	3. Mailing Address 403 INDIAN MEADOW COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

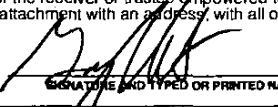
City & State WIMAUMA FLORIDA	City & State WIMAUMA FLORIDA
Zip 33598	Country HELLSBOROUGH

6. Name and Address of Current Registered Agent	
ECKERT, GARY S 9026 OAK ST NE ST. PETERSBURG, FL 33702	

7. Name and Address of New Registered Agent	
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 re-registering)	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, GARY S	NAME
STREET ADDRESS	9026 OAK ST NE	STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

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: 	GARY S. ECKERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR	

Date	Daytime Phone #
1-20-05	1-800-577-2760