2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2005 08:00 AM DOCUMENT # P97000106025 **Secretary of State** 1. Entity Name ELLIOTT POOL CONSTRUCTION, INC. Principal Place of Business Mailing Address 17730 NORTHWEST 20TH AVE. 17730 NORTHWEST 20TH AVE. NEWBERRY FL 32669 NEWBERRY FL 32669 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3553181 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLIOTT, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 17730 NORTHWEST 20TH AVE. **NEWBERRY FL 32669** 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 agen 1-28-05 SIGNATURE ature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 TITLE TITLE Change Addition Delete NAME ELLIOTT, MICHAEL D NAME U00000209587 STREET ADDRESS STREET ADDRESS 17730 NORTHWEST 20TH AVE. 02/02/05-80042-021 150.00 CHY-ST-ZIP CITY-ST-ZIP NEWBERRY FL 32669 Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DITLE ☐ ∩elete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP City-St-7iP ☐ Change ☐ Addition ☐ Delete IIILE TITLE 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)(1), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an

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