2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State DOCUMENT # P98000007743 1. Entity Name 05-03-2004 90704 039 ***158.75 MCNAIR POOLS, INC. Principal Place of Business Mailing Address 5962 ITHACA CIRCLE WEST LAKE WORTH FL 33463 5962 ITHACA CIRCLE WEST LAKE WORTH FL 33463 2. Principal Place of Business Pine hurst Drive CR2E034 (11/03) 4. FEI Number Applied For 65-0815404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNoir John MCNAIR, JOHN M Street Address (P.O. Box Number is Not Acceptable) 5962 ITHACA CIRCLE WEST LAKE WORTH FL 33463 Beach 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE Delete TITLE Addition MCNAIR, JOHN M NAME NAME 5962 ITHACA CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE MCNAIR, CONNIE L NAME NAME 10 DOWNING STREET ADDRESS 5962 ITHACA CIRCLE WEST STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP Addition Change __ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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

FILED