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Secretary of State

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000063335

1. Entity Name
POOLS BY GEORGE, INC.

Principal Place of Business	Mailing Address
7731 BLOOMFIELD DRIVE PORT RICHEY, FL 34668	7731 BLOOMFIELD DRIVE PORT RICHEY, FL 34668

66004825

01312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 9349 DENTON AVE. D-9		Suite, Apt. #, etc. 9349 DENTON AVE D-9	
City & State HUDSON FL.		City & State HUDSON FL.	
Zip 34667	Country USA	Zip 34667	Country USA

4. FEI Number 59-3538897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORATIS, GEORGE
~~7731 BLOOMFIELD DRIVE~~
~~PORT RICHEY, FL 34668~~
9349 DENTON AVE D-9
HUDSON FL 34667

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORATIS, GEORGE ~~7731 BLOOMFIELD DRIVE~~ ~~PORT RICHEY, FL 34668~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORATIS GEORGE 9349 DENTON AVE D-9 HUDSON FL 34667	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: GEORGE MORATIS (PRESIDENT) [signature] 3-7-05 727-992-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #