

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000076275

1. Entity Name
PRECISION POOL SUPPLY, INC.



Principal Place of Business
306B ANGLER DRIVE N
MARATHON, FL 33050

Mailing Address
306B ANGLER DRIVE N
MARATHON, FL 33050

2. Principal Place of Business
42 110th st ocean

Suite, Apt. #, etc.

3. Mailing Address
P-O Box 500354

Suite, Apt. #, etc.

City & State
Marathon, FL

City & State
Marathon, FL

Zip
33050

Zip
33050

Country
Monroe.

Country
Monroe.

6. Name and Address of Current Registered Agent

BARBERA, BARBARA
306B ANGLER DR NORTH
MARATHON, FL 33050

Name

YALICET TORMA

Street Address (P.O. Box Number is Not Acceptable)

421 - 110th st ocean

City

Marathon

FL

Zip Code
33050

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)

4/26/05

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BARBERA, BARBARA
306B ANGLER DR NORTH
MARATHON, FL 33050

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

YALICET TORMA
P-O Box 500354
Marathon, FL 33050

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Yalicet Torna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 305-481-5327

Date

Daytime Phone #