

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105479

Entity Name: POOLWORKS PLUS, INC.

FILED
Mar 25, 2005
Secretary of State

Current Principal Place of Business:

12381 APPLE LEAF DR.
JACKSONVILLE, FL 32224

New Principal Place of Business:

2990 PRESERVE LANDING DR
JACKSONVILLE, FL 32226

Current Mailing Address:

12381 APPLE LEAF DR.
JACKSONVILLE, FL 32224

New Mailing Address:

2990 PRESERVE LANDING DR
JACKSONVILLE, FL 32226

FEI Number: 59-3547908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPREY, SHAWN M
12381 APPLE LEAF DR.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

DUPREY, SHAWN M
2990 PRESERVE LANDING DR
JACKSONVILLE, FL 32226 US

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.

SIGNATURE:

03/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: DUPREY, SHAWN M
Address: 12381 APPLE LEAF DR.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: DUPREY, SHAWN M
Address: 2990 PRESERVE LANDING DR
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN DUPREY

DPTS

03/25/2005

Electronic Signature of Signing Officer or Director

Date