


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90103 013 \*\*\*150.00

<b>DOCUMENT #</b> P99000026172	
<b>1. Entity Name</b> SPACECOAST POOL BUILDERS INC	

<b>Principal Place of Business</b> 566 BARTON BLVD # 1 ROCKLEDGE, FL 32955 US	<b>Mailing Address</b> 566 BARTON BLVD # 1 ROCKLEDGE, FL 32955 US
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05012005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3562521	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DOUGLASS, KELLY S 566 BARTON BLVD # 1 ROCKLEDGE, FL 32955
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**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

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> D	<b>NAME</b> DOUGLASS, MARK C
<b>STREET ADDRESS</b> 566 BARTON BLVD # 1	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955
<b>TITLE</b> P	<b>NAME</b> DOUGLASS, MARK C
<b>STREET ADDRESS</b> 566 BARTON BLVD # 1	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955
<b>TITLE</b> V	<b>NAME</b> DOUGLASS, KELLEY S
<b>STREET ADDRESS</b> 566 BARTON BLVD # 1	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955
<b>TITLE</b> T	<b>NAME</b> RANDALL, DAVID
<b>STREET ADDRESS</b> 566 BARTON BLVD # 1	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955
<b>TITLE</b> S	<b>NAME</b> DOUGLASS, KELLY S
<b>STREET ADDRESS</b> 566 BARTON BLVD # 1	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955
<b>TITLE</b> V	<b>NAME</b> RANDALL, DAVID
<b>STREET ADDRESS</b> 566 BARTON BLVD # 1	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955

<b>DO NOT WRITE IN THIS SPACE</b>
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**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:** MARK C DOUGLASS  **4/30/2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #