

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032618

FILED
Apr 04, 2005
Secretary of State

Entity Name: DEVIL DAWG POOL CONSTRUCTION, INC.

Current Principal Place of Business:

4714 WATCHILL CT.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4714 WATCHILL CT.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3580466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, THOMAS J III
4714 WATCHILL CT.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAMMOND, THOMAS J III
Address: 4714 WATCH HILL CT
City-St-Zip: ORLANDO, FL 32808 US

Title: VPD () Delete
Name: HAMMOND, PAUL
Address: 2199 PARK MAITLAND CT.
City-St-Zip: MAITLAND, FL 32751 US

Title: TREX () Delete
Name: WIGGINS, JON H II
Address: 4536 OAK ARBOR CIRCLE
City-St-Zip: ORLANDO, FL 32808 US

Title: SEC () Delete
Name: HAMMOND, MAUREEN
Address: 4714 WATCH HILL CT.
City-St-Zip: ORLANDO, FL 32808 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS J. HAMMOND III

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date