2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P99000034987 1. Entity Name SPICER POOL CONSTRUCTION, INC. Mailing Address Principal Place of Business 918 CARLTON ROAD 918 CARLTON ROAD TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 CR2E034 (10/03) 04122005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 59-3574283 Not Applicable \$8.75 Additional ◻ 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE SPICER, AARON K 918 CARLTON ROAD TARPON SPRINGS, FL 34689 IN THIS SPACE 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, typed of printed name of registered agent and title if explicable (NOTE. Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIREC 10. SP TITLE SPICER, AARON NAME 918 CARLTON RD. STREET ADDRESS U00000339712 CITY-ST-ZIP PALM HARBOR, FL 34685 04/28/05-80087-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 it 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,

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N

FILED