


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000041945 1. Entity Name POOLS PARADISE, INC.	
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Principal Place of Business 1608 FLINT RIDGE LANE TALLAHASSEE, FL 32312	Mailing Address 1608 FLINT RIDGE LANE TALLAHASSEE, FL 32312
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01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3581632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, JODI K VP
 1608 FLINT RIDGE LANE
 TALLAHASSEE, FL 32312

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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: Jodi Aguilar, Vice President DATE: 1/13/05
Signature, typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES AGUILAR, RODOLFO PRES. 1608 FLINT RIDGE LANE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP AGUILAR, JODI VP 1608 FLINT RIDGE LANE TALLAHASSEE, FL 32312
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/14/05-80001-025 150.00

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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: Jodi Aguilar Vice President DATE: 1/13/05 DAYTIME PHONE #: 850-942-5720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR