


FILED
Apr 18, 2005 8:00 am
Secretary of State

00036986

DOCUMENT # P99000098719						04-18-2005 90311 015 ***150.00	
1. Entity Name TRIANA COAST TO COAST POOLS, INC.							
Principal Place of Business 5709 S. BAMMA DRIVE HOMOSASSA, FL 34446				Mailing Address 5709 S. BAMMA DRIVE HOMOSASSA, FL 34446			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR 6645 RIDGE ROAD PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name LARRY G TRIANA Street Address (P.O. Box Number is Not Acceptable) 5709 S. Bamma Dr City HOMOSASSA FL Zip Code 34446			
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 LARRY TRIANA <small>Signature, typed or printed name of registered agent and title if applicable.</small>				4-15-05 <small>DATE</small>			
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D TRIANA, LARRY G 5709 S. BAMMA DRIVE HOMOSASSA, FL 34446 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LARRY TRIANA				Date _____ Daytime Phone # _____			