

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50634

FILED
Jan 13, 2004
Secretary of State

Entity Name: GOOD FRIENDS POOL SERVICE, INC.

Current Principal Place of Business:

21000 BOCA RIO A-27
BOCA RATON, FL 334331505

New Principal Place of Business:

Current Mailing Address:

21000 BOCA RIO A-27
BOCA RATON, FL 334331505

New Mailing Address:

FEI Number: 65-0267140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLEARY, DAN
21000 BOCA RIO RD
A-23
BOCA RATON, FL 33433 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: MCCLEARY, DANIEL,
Address: 1 WEST ARCH DR
City-St-Zip: LAKE WORTH, FL

Title: V () Delete
Name: MCCLEARY, CHRISTINE
Address: 1 WEST ARCH DRIVE
City-St-Zip: LAKE WORTH, FL

Title: ST () Delete
Name: MCCLEARY, CHRISTINE
Address: 1 WEST ARCH DRIVE
City-St-Zip: LAKE WORTH, FL

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:

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: CHRISTINE MCCLEARY

VP

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date