2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# S70721

Entity Name: THE POOL DOCTOR OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6227 147 AVE N.
SUITE B
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17058
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3078104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, DARELL
6227 147 AVENUE N. SUITE B
CLEARWATER, FL 33760 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: P ( ) Delete
Name: LONG, DARELL
Address: PO BOX 17058
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: NAY, DENA
Address: 4211 MEADOW WOOD LANE
City-St-Zip: UNION TOWN, OH

Title: D ( ) Delete
Name: CAIN, DOROTHY
Address: 2087 DRUID ROAD
City-St-Zip: CLEARWATER, FL 33764

Title: VP ( ) Delete
Name: LONG, TRACI
Address: PO BOX 17058
City-St-Zip: CLEARWATER, FL 33760

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: DARELL LONG PRES 04/12/2004

Electronic Signature of Signing Officer or Director Date