

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S95156
1. Entity Name
INTEGRITY POOLS, INC.



Principal Place of Business
**24582 TANGELO AVE
PORT CHARLOTTE, FL 33980**

Mailing Address
**P.O. BOX 510983
PUNTA GORDA, FL 33951 US**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0294024

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANK, WILLIAM W
24582 TANGELO AVE
PORT CHARLOTTE, FL 33980**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, WILLIAM W 24582 TANGELO AVE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, KATHY D 24582 TANGELO AVE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRAY, ROBERT V. 20175 KINDERKEMAC AVE PT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/18/05-20071-003 150.00

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: *Kathy Frank* **KATHY FRANK** **4/14/05 (941) 625-9685**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #