

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127869

FILED
Mar 26, 2010
Secretary of State

Entity Name: CHIP'S POOL CARE INC.

Current Principal Place of Business:

1450 KING FISH LANE
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

1450 KING FISH LANE
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 26-1525875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKENS, CHIP
1450 KING FISH LANE
WINTER HAVEN, FL 33884 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: PVST
Name: BROOKENS, CHIP E
Address: 1450 KING FISH LANE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D
Name: BROOKENS, CHIP E
Address: 1450 KING FISH LANE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D
Name: BROOKENS, MATTHEW T
Address: 1450 KING FISH LANE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D
Name: BROOKENS, LINDSEY M
Address: 1450 KINGFISH LANE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D
Name: BROOKENS, ABBY C
Address: 1450 KINGFISH LANE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: CHIP E. BROOKENS

CEO

03/26/2010

Electronic Signature of Signing Officer or Director

_____ Date