

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 626668

**Entity Name:** PATIO POOLS, INC.

**Current Principal Place of Business:**

4118 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

4118 GUNN HWY  
TAMPA, FL 33618

**FEI Number:** 59-1925246

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FOSTER, CHARLES P.  
4118 GUNN HWY  
TAMPA, FL 33618 US

*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

**Officer/Director Detail :**

Title S  
Name FOSTER, JOYCE CAROL  
Address 14834 LAKE MAGDALENE CIR  
City-State-Zip: TAMPA FL 33613

Title TVD  
Name FOSTER, JOYCE CAROL  
Address 14834 LAKE MAGDALENE CIR  
City-State-Zip: TAMPA FL 33613

Title PD  
Name FOSTER, CHARLES P  
Address 14834 LAKE MAGDALENE CIR  
City-State-Zip: TAMPA FL 33613

Title VD  
Name SCHRADER, GINA L  
Address 1828 W. BEARSS AVE.  
City-State-Zip: TAMPA FL 33613

*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:** GINA L. SCHRADER

VP

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date