#### SIGNATURE: BARBARA L CHASE

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

SECRETARY

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

# DOCUMENT# P03000114480

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## Entity Name: POOL MAGICIAN INC

## **Current Principal Place of Business:**

8437 TUTTLE AVE #318 SARASOTA, FL 34243

## **Current Mailing Address:**

8437 TUTTLE AVE #318 SARASOTA, FL 34243 US

## FEI Number: 20-0311904

## Name and Address of Current Registered Agent:

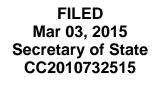
Electronic Signature of Registered Agent

CHASE, LARRY C 3319 ISLAND DATE CIRCLE SARASOTA, FL 34232 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:

**Officer/Director Detail :** Title PD Title SD CHASE, LARRY C CHASE, BARBARA L Name Name 3319 ISLAND DATE CIRCLE 3319 ISLAND DATE CIRCLE Address Address City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232



Certificate of Status Desired: No

03/03/2015

Date

Date