

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000114480

**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

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

*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:** BARBARA L CHASE

**SECRETARY**

**03/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date