

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000054245

**Entity Name:** YOUR POOL SPECIALIST, INC.

**Current Principal Place of Business:**

933 4TH AVE. N.  
NAPLES, FL 34102

**Current Mailing Address:**

933 4TH AVE. N.  
NAPLES, FL 34102 US

**FEI Number:** 20-1045885

**Certificate of Status Desired:** No

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

PRUE-DEPETRO, JENNY E.  
933 4TH AVE. N.  
NAPLES, FL 34102 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:** JENNY E. PRUE-DEPETRO

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PRUE, KARL E  
Address 856 105TH AVE. N.  
City-State-Zip: NAPLES FL 34108

Title VP  
Name DEPETRO, ALBERT J  
Address 4832 MOLOKAI DRIVE  
City-State-Zip: NAPLES FL 34112

Title T  
Name PRUE, GERDA E  
Address 856 105TH AVE. N.  
City-State-Zip: NAPLES FL 34108

Title D  
Name PRUE-DEPETRO, JENNY E  
Address 4832 MOLOKAI DRIVE  
City-State-Zip: NAPLES FL 34112

*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:** PRUE-DEPETRO, JENNY E

**DIRECTOR**

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date