

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000127869

**Entity Name:** CHIP'S POOL CARE INC.

**Current Principal Place of Business:**

8036 WALT WILLIAMS ROAD  
LAKELAND, FL 33809

**Current Mailing Address:**

8036 WALT WILLIAMS ROAD  
LAKELAND, FL 33809 US

**FEI Number:** 26-1525875

**Certificate of Status Desired:** No

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

BROOKENS, CHIP  
8036 WALT WILLIAMS ROAD  
LAKELAND, FL 33809 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 PVST  
Name BROOKENS, CHIP E  
Address 8036 WALT WILLIAMS ROAD  
City-State-Zip: LAKELAND FL 33809

Title PRESIDENT  
Name BROOKENS, CHIP E  
Address 8036 WALT WILLIAMS ROAD  
City-State-Zip: LAKELAND FL 33809

*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 BROOKENS

**PRESIDENT/CEO**

**04/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date