2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127869

Entity Name: CHIP'S POOL CARE INC.

Current Principal Place of Business:

1450 KING FISH LANE WINTER HAVEN. FL 33884

Current Mailing Address:

1450 KING FISH LANE

WINTER HAVEN. FL 33884 US

FEI Number: 26-1525875 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOKENS, CHIP 1450 KING FISH LANE WINTER HAVEN, FL 33884 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Mar 14, 2013

Secretary of State

CC9439657176

Officer/Director Detail:

Title **PVST** Title D

BROOKENS, CHIP E BROOKENS, CHIP E Name Name 1450 KING FISH LANE Address 1450 KING FISH LANE Address City-State-Zip: WINTER HAVEN FL 33884 WINTER HAVEN FL 33884

Title D Title D

Name BROOKENS, LINDSEY M Name BROOKENS, MATTHEW T Address 1450 KINGFISH LANE Address 5316 ROYAL CYPRESS CIRCLE

WINTER HAVEN FL 33884 City-State-Zip: City-State-Zip: TAMPA FL 33647

Title Title D

Name BROOKENS, JEANETTE A BROOKENS, ABBY C Name Address 1450 KINGFISH LANE

3765 CYPRESS GARDENS ROAD Address APT. #2

City-State-Zip: WINTER HAVEN FL 33884 City-State-Zip: WINTER HAVEN FL 33884

DIRECTOR Title

Name MANER, RYAN E Address 3765 CYPRESS GARDENS ROAD

APT. #2

City-State-Zip: WINTER HAVEN FL 33884

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.

03/14/2013 SIGNATURE: CHIP BROOKENS PRESIDENT/CEO

Electronic Signature of Signing Officer/Director Detail

Date