

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000025888

**Entity Name:** PRO POOL REPAIR INC.

**Current Principal Place of Business:**

3869 ASPEN LEAF DR  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3869 ASPEN LEAF DR  
BOYNTON BEACH, FL 33436 US

**FEI Number: 26-4556094**

**Certificate of Status Desired: No**

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

SAMOVILLE, BRUCE  
3869 ASPEN LEAF DR  
BOYNTON BEACH, FL 33436 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	PSD	Title	VP/T
Name	SAMOVILLE, BRUCE	Name	SAMOVILLE, BRUCE
Address	3869 ASPEN LEAF DR	Address	3869 ASPEN LEAF DR
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436

*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: BRUCE SAMOVILLE**

**PRESIDENT**

**01/13/2016**

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

\_\_\_\_\_  
Date