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: ROBERT S ANGER

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000059468

Entity Name: A PERFECT POOL OF CENTRAL FLORIDA INC

Current Principal Place of Business:

4435 SE 62ND ST OCALA, FL 34480

Current Mailing Address:

4435 SE 62ND ST OCALA, FL 34480 US

FEI Number: 27-0539468

Name and Address of Current Registered Agent:

ANGER, ROBERT S 4435 SE 62ND ST OCALA, FL 34480 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: ROBERT S ANGER

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р
Name	ANGER, ROBERT S
Address	4435 SE 62ND ST
City-State-Zip:	OCALA FL 34480

Florida.

01/11/2016 Date

Jan 11, 2016 Secretary of State CC7854554533

FILED

Certificate of Status Desired: No

Date

01/11/2016

Ρ