

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000030405

**Entity Name:** BOB TETREALT POOL AND SPA, INC.

**Current Principal Place of Business:**

451 SE THANKSGIVING AVE  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

451 SE THANKSGIVING AVE  
PORT ST LUCIE, FL 34984

**FEI Number:** 45-2623178

**Certificate of Status Desired:** No

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

TETREALT, ROBERT  
451 SE THANKSGIVING AVE  
PORT ST LUCIE, FL 34984 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            D  
Name            TETREALT, ROBERT  
Address        451 SE THANKSGIVING AVE  
City-State-Zip: PORT ST LUCIE FL 34984

*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 TETREALT

MR.

03/12/2018

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

\_\_\_\_\_  
Date