2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000097117

Entity Name: SUNNY POOL CARE INC.

Current Principal Place of Business:

630 HAMMOCK ROAD
MELBOURNE VILLAGE, FL 32904

Current Mailing Address:

630 HAMMOCK ROAD
MELBOURNE VILLAGE, FL 32904

FEI Number: 46-4333504

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALMON, HEIDI
630 HAMMOCK ROAD
MELBOURNE VILLAGE, FL 32904 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: HEIDI SALMON   03/22/2022

　　　　　　　Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	P/S		Title	D
Name	SALMON, CHRISTOPHER		Name	SALMON, CHRISTOPHER
Address	630 HAMMOCK ROAD		Address	630 HAMMOCK ROAD
City-State-Zip:	MELBOURNE VILLAGE FL 32904		City-State-Zip:	MELBOURNE VILLAGE FL 32904
Title	D		Title	AUTHORIZED REPRESENTATIVE
Name	SALMON, HEIDI		Name	SALMON, MARK ROYAL OTTO
Address	630 HAMMOCK ROAD		Address	630 HAMMOCK ROAD
City-State-Zip:	MELBOURNE VILLAGE FL 32904		City-State-Zip:	MELBOURNE VILLAGE FL 32904
Title	AUTHORIZED REPRESENTATIVE		Title	AUTHORIZED REPRESENTATIVE
Name	KOPY - SALMON, MICHAEL JOSEPH		Name	SALMON, CHRISTOPHER JESSE
Address	630 HAMMOCK ROAD		Address	630 HAMMOCK ROAD
City-State-Zip:	MELBOURNE VILLAGE FL 32904		City-State-Zip:	MELBOURNE VILLAGE FL 32904
Title	AUTHORIZED REPRESENTATIVE			
Name	SALMON, HEIDI ROSE			
Address	630 HAMMOCK ROAD			
City-State-Zip:	MELBOURNE VILLAGE FL 32904			

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: HEIDI SALMON   D   03/22/2022

　　　　　　Electronic Signature of Signing Officer/Director Detail   Date