

2023 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

02/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P/S
Name SALMON, CHRISTOPHER
Address 630 HAMMOCK ROAD
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title D
Name SALMON, CHRISTOPHER
Address 630 HAMMOCK ROAD
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title D
Name SALMON, HEIDI
Address 630 HAMMOCK ROAD
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title AUTHORIZED REPRESENTATIVE
Name SALMON, MARK ROYAL OTTO
Address 630 HAMMOCK ROAD
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title AUTHORIZED REPRESENTATIVE
Name KOPY - SALMON, MICHAEL JOSEPH
Address 630 HAMMOCK ROAD
City-State-Zip: MELBOURNE VILLAGE FL 32904

Title AUTHORIZED REPRESENTATIVE
Name SALMON, CHRISTOPHER JESSE
Address 630 HAMMOCK ROAD
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

**AUTHORIZED
REPRESENTATIVE**

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date