

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000052589

**FILED
Mar 05, 2018
Secretary of State
CC1330176610**

Entity Name: POOL CARE PROS, INC

Current Principal Place of Business:

3545 ST JOHNS BLUFF RD S
SUITE 1-200
JACKSONVILLE, FL 32224

Current Mailing Address:

3545 ST JOHNS BLUFF RD S
SUITE 1-200
JACKSONVILLE, FL 32224 US

FEI Number: 82-1872769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DODGE, LISA M
2860 LANTANA LAKES DR E
JACKSONVILLE, FL 32246 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: LISA M DODGE

03/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DODGE, LISA M
Address 2860 LANTANA LAKES DR E
City-State-Zip: JACKSONVILLE FL 32246

Title VP
Name DODGE, MATTHEW R
Address 10739 IRONSTONE DR N
City-State-Zip: JACKSONVILLE FL 32246

Title AR
Name MAGIERA, LINDA R
Address 3545 ST JOHNS BLUFF RD S
SUITE 1-200
City-State-Zip: JACKSONVILLE FL 32224

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: LISA M DODGE

PRESIDENT

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date