

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000052589

**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

03/29/2019

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

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

*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

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date