

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000104411

**Entity Name:** POOL CARE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

470 LAGOON AVE.  
NAPLES, FL 34108

**Current Mailing Address:**

470 LAGOON AVE.  
NAPLES, FL 34108

**FEI Number:** 59-3548889

**Certificate of Status Desired:** No

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

BOOLE, ALAN  
470 LAGOON AVE  
NAPLES, FL 34108 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 MR.  
Name BOOLE, ALAN  
Address 470 LAGOON AVE  
City-State-Zip: NAPLES FL 34108

*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:** ALAN BOOLE

**PRESIDENT**

**05/01/2014**

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

\_\_\_\_\_  
Date