

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104411

Entity Name: POOL CARE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2032 TARPON BAY DRIVE N
UNIT 102
NAPLES, FL 34119

Current Mailing Address:

2032 TARPON BAY DR N
UNIT 102
NAPLES, FL 34119 US

FEI Number: 59-3548889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOOLE, ALAN
2032 TARPON BAY DR N
UNIT 102
NAPLES, FL 34119 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 2032 TARPON BAY DR N
UNIT 102
City-State-Zip: NAPLES FL 34119

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

03/20/2016

Electronic Signature of Signing Officer/Director Detail

Date