

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583488

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: POOL DOCTOR OF BREVARD, INC.

**Current Principal Place of Business:**

574 HIGHWAY A1A  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

574 HIGHWAY A1A  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 59-1870913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLTMAN, DOUGLAS L.  
574 HIGHWAY A1A  
SATELLITE BEACH, FL 32937 US

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

HOLTMAN, DOUGLAS L P  
574 HIGHWAY A1A  
SATELLITE BEACH, FL 32937 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: DOUGLAS L. HOLTMAN

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLTMAN, DOUGLAS L  
Address: 140 PELICAN DR. NE  
City-St-Zip: PALM BAY, FL 00000,

Title: ST ( ) Delete  
Name: HOLTMAN, DIANE  
Address: 140 PELICAN DR. NE  
City-St-Zip: PALM BAY, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOLTMAN, DOUGLAS L P  
Address: 140 PELICAN DR. NE  
City-St-Zip: PALM BAY,, FL 32907 US

Title: ST (X) Change ( ) Addition  
Name: HOLTMAN, DIANE K ST  
Address: 140 PELICAN DR. NE  
City-St-Zip: PALM BAY,, FL 32907 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS L. HOLTMAN

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date