

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000077187

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** BLUE HORIZON POOL CARE, INC.

**Current Principal Place of Business:**

62 SOUTH ARBOR DR.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 427  
ORMOND BEACH, FL 32175

**New Mailing Address:**

62 SOUTH ARBOR DR.  
ORMOND BEACH, FL 32174

**FEI Number:** 59-3736055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEAMAN, RICHARD D  
62 SOUTH ARBOR DR.  
ORMOND BEACH, FL 32174 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SEAMAN, RICHARD D  
Address: 62 SOUTH ARBOR DR.  
City-St-Zip: ORMOND BEACH, FL 32174

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: RICHARD D. SEAMAN

PDAS

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date