

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000040470

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: TROPICAL POOLS & SPAS OF SW FLORIDA, INC.

## Current Principal Place of Business:

7133 GASPARILLA RD.  
PT. CHARLOTTE, FL 33981

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 212  
BOCA GRANDE, FL 33921

## New Mailing Address:

7133 GASPARILLA RD.  
PT. CHARLOTTE, FL 33981

FEI Number: 55-0802190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICARLO, RALPH  
154 1ST STREET  
BOCA GRANDE, FL 33921 US

## Name and Address of New Registered Agent:

DICARLO, RALPH  
154 1ST ST.  
BOCA GRANDE, FL 33921 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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DICARLO, RALPH  
Address: PO BOX 1947  
City-St-Zip: BOCA GRANDE, FL 33921

Title: V ( ) Delete  
Name: CASA, JOHN  
Address: 13197 DORAL AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: V ( ) Delete  
Name: CASA, ANTHONY  
Address: 1383 NARAMORE ST.  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RALPH DICARLO

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date