

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135995

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** TOTAL CARE POOL REPAIR, INC.

**Current Principal Place of Business:**

13559 SE 44TH TERR.  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

13559 SE 44TH TERR.  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 80-0082248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SOFIA, PASQUALE  
13559 SE 44TH TERR.  
SUMMERFIELD, FL 34491 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SOFIA, PASQUALE  
**Address:** 13559 SE 44TH TERR.  
**City-St-Zip:** SUMMERFIELD, FL 34491

**Title:** VD  
**Name:** SOFIA, LINDA  
**Address:** 13559 SE 44TH TERR.  
**City-St-Zip:** SUMMERFIELD, FL 34491

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:** LINDA SOFIA

VD

04/28/2010

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

\_\_\_\_\_  
Date