

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135995

FILED
Apr 30, 2012
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:

13559 SE 44TH TERR.
SUMMERFIELD, FL 34491 US

Current Mailing Address:

13559 SE 44TH TERR.
SUMMERFIELD, FL 34491

New Mailing Address:

13559 SE 44TH TERR.
SUMMERFIELD, FL 34491 US

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

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: PASQUALE SOFIA

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date