

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037525

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: RITZCRAFT SWIM SPAS INC

## Current Principal Place of Business:

2319 72ND AVE E.  
SARASOTA, FL 34243 US

## New Principal Place of Business:

2909 WILDERNESS BLD. W.  
PARRISH, FL 34219 US

## Current Mailing Address:

2909 WILDERNESS BLVD. W.  
PARRISH, FL 34219 US

## New Mailing Address:

P.O BOX 656  
ELLENTON, FL 34222 US

FEI Number: 20-0782041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIBBS, GULIZ M  
2909 WILDERNESS BLVD W  
PARRISH, FL 34219 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: P,D  
Name: GIBBS, GULIZ M  
Address: 2909 WILDERNESS BLVD W  
City-St-Zip: PARRISH, FL 34219 US

Title: VP,D  
Name: GIBBS, AMBER D  
Address: 2909 WILDERNESS BLVD W  
City-St-Zip: PARRISH, FL 34219 US

Title: TRES  
Name: GIBBS, GULIZ M  
Address: 2909 WILDERNESS BLVD W  
City-St-Zip: PARRISH, FL 34219 US

Title: SEC  
Name: GIBBS, AMBER D  
Address: 2909 WILDERNESS BLVD W  
City-St-Zip: PARRISH, FL 34219 US

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: GMG

P,D

04/24/2012

Electronic Signature of Signing Officer or Director

Date