

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063358

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** PROFESSIONAL POOL CARE OF BREVARD COUNTY, INC.

**Current Principal Place of Business:**

7490 GRISSOM PKWY  
COCOA, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

7490 GRISSOM PKWY  
COCOA, FL 32927

**New Mailing Address:**

FEI Number: 83-0392287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAHAN, WILLIAM E  
4735 CURTIS ROAD  
COCOA, FL 32927 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  
Name: MAHAN, WILLIAM E  
Address: 4735 CURTIS RD.  
City-St-Zip: COCOA, FL 32927

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: WILLIAM E. MAHAN

PRES

04/24/2012

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

\_\_\_\_\_ Date