

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000109988

Entity Name: J & W POOLS PLUS INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4122 FONSIKA AVENUE  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

4122 FONSIKA AVENUE  
NORTH PORT, FL 34286 US

**New Mailing Address:**

FEI Number: 20-1413174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, DONALD K  
4122 FONSIKA AVENUE  
NORTH PORT, FL 34286 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: JONES, DONALD K  
Address: 4122 FONSIKA AVENUE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP  
Name: WOLFE, PHILIP C  
Address: 4122 FONSIKA AVENUE  
City-St-Zip: NORTH PORT, FL 34286

Title: S  
Name: JONES, PAMELA  
Address: 4122 FONSIKA AVENUE  
City-St-Zip: NORTH PORT, FL 34286

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: DONALD K JONES

P

04/25/2012

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

\_\_\_\_\_  
Date