

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081581

Entity Name: PEARL'S POOL CARE INC

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

4263 OZARK AVENUE  
NORTH PORT, FL 34287

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7290  
NORTH PORT, FL 34290 02

## New Mailing Address:

FEI Number: 20-3019393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOCH, TANIA S PD  
4263 OZARK AVENUE  
NORTH PORT, FL 34287 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 ( ) Delete  
Name: KOCH, TANIA S  
Address: 4263 OZARK AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: VPD ( ) Delete  
Name: KOCH, JEFF  
Address: 4263 OZARK AVE  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: KOCH, JEFF R  
Address: 4263 OZARK AVE  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TANIA S. KOCH

PD

03/04/2009

Electronic Signature of Signing Officer or Director

Date