

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000081581

**Entity Name:** PEARL'S POOL CARE INC

**FILED**  
**Apr 22, 2012**  
**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KOCH, TANIA S  
Address: 4263 OZARK AVE  
City-St-Zip: NORTH PORT, FL 34287

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

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: TANIA S. KOCH

PD

04/22/2012

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

\_\_\_\_\_  
Date