

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106799

Entity Name: CARIBBEAN BLUE POOL CARE, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

800 BELLE TERRE PARKWAY, UNIT 200
#155
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

800 BELLE TERRE PARKWAY, UNIT 200
#155
PALM COAST, FL 32164

New Mailing Address:

16 ZORACH PLACE
PALM COAST, FL 32164

FEI Number: 20-3237667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLRUD, GARY
2665 N ATLANTIC AVENUE #316
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

BOLLRUD, GARY
800 BELLE TERRE PKWY. UNIT 200
PALM COAST, FL 32164 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOLLRUD, GARY
Address: 800 BELLE TERRE PKWY UNIT #200
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GARY BOLLRUD

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date