

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000055168

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Entity Name:** DR. T'S POOL SERVICE, INC

**Current Principal Place of Business:**

429 PINAFORE AVE  
LEHIGH, FL 33974

**New Principal Place of Business:**

**Current Mailing Address:**

429 PINAFORE AVE  
LEHIGH, FL 33974

**New Mailing Address:**

**FEI Number:** 74-3171230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWAN, LAWRENCE  
709 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33914 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: BATISKY, NICOLE A  
Address: 429 PINAFORE AVE  
City-St-Zip: LEHIGH, FL 33974

Title: VSTD  
Name: BATISKY, DAVID R  
Address: 429 PINAFORE AVE  
City-St-Zip: LEHIGH, FL 33974

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: DAVID R BATISKY

VSTD

04/01/2012

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

\_\_\_\_\_  
Date