

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000136368

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL POOL & SPA CARE, INC.

**Current Principal Place of Business:**

3843 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

3843 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063

**New Mailing Address:**

**FEI Number:** 20-5792537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROWLEY, THOMAS E  
3843 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063 US

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

VASELL-CROWLEY, BARBARA G  
3843 COCOPLUM CIRCLE  
COCONUT CREEK, FL 33063 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:** BARBARA G VASELL-CROWLEY

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** VASELL-CROWLEY, BARBARA G  
**Address:** 3843 COCOPLUM CIRCLE  
**City-St-Zip:** COCONUT CREEK, FL 33063

**Title:** D  
**Name:** CROWLEY, THOMAS E  
**Address:** 3843 COCOPLUM CIRCLE  
**City-St-Zip:** COCONUT CREEK, FL 33063

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:** BARBARA G VASELL-CROWLEY

P

01/24/2012

Electronic Signature of Signing Officer or Director

Date