

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000028824

Entity Name: STAR'S POOL CARE, INC.

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4866 NATIVE DANCER LANE  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

4866 NATIVE DANCER LANE  
ORLANDO, FL 32826

**New Mailing Address:**

P.O.BOX 782205  
ORLANDO, FL 32878

FEI Number: 26-0162250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARNOLD, KEITH  
4866 NATIVE DANCER LANE  
ORLANDO, FL 32826 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: D  
Name: ARNOLD, KEITH D  
Address: 4866 NATIVE DANCER LANE  
City-St-Zip: ORLANDO, FL 32826

Title: D  
Name: ARNOLD, SUSAN D  
Address: 4866 NATIVE DANCER LANE  
City-St-Zip: ORLANDO, FL 32826

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: S. ARNOLD

V.P

03/14/2011

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

\_\_\_\_\_  
Date