

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106722

FILED
Jan 09, 2011
Secretary of State

Entity Name: POOL MEDIC OF LEE COUNTY, INC.

Current Principal Place of Business:

662 MIRROR LAKES CT
LEHGIGH ACRES, FL 33974

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
LEHIGH ACRES, FL 339700428

New Mailing Address:

FEI Number: 26-1133724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONGDON, KENNETH W
662 MIRROR LAKES CT
LEHGIGH ACRES, FL 33974 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: DP
Name: CONGDON, KENNETH W
Address: 662 MIRROR LAKES CT
City-St-Zip: LEHGIGH ACRES, FL 33974

Title: DS
Name: CONGDON, LYNN A
Address: 662 MIRROR LAKES CT
City-St-Zip: LEHGIGH ACRES, 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: KENNETH W CONGDON

DP

01/09/2011

Electronic Signature of Signing Officer or Director

Date