

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125760

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** POOL SOLUTION OF SW FLORIDA INC

**Current Principal Place of Business:**

2610 PONCE DE LEON DR  
NAPLES, FL 34105 US

**New Principal Place of Business:**

420 LOGAN BLVD SOUTH  
NAPLES, FL 34119 US

**Current Mailing Address:**

2610 PONCE DE LEON DR  
NAPLES, FL 34105 US

**New Mailing Address:**

420 LOGAN BLVD SOUTH  
NAPLES, FL 34119 US

**FEI Number:** 26-1455250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSTO, DUNIEL  
420 LOGAN BLVD SOUTH  
NAPLES, FL 34119 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: P  
Name: BUSTO, DUNIEL M  
Address: 420 LOGAN BLVD SOUTH  
City-St-Zip: NAPLES, FL 34119 US

Title: VP  
Name: IAQUINTA, MAXIMILIANO  
Address: 2610 PONCE DE LEON DR  
City-St-Zip: NAPLES, FL 34105 US

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: DUNIEL BUSTO

P

04/30/2012

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

\_\_\_\_\_  
Date