

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000043175

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ALL ABOUT POOL SUPPLIES INC

**Current Principal Place of Business:**

2730 SR 16  
SUITE 112  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

909 S FOREST CREEK DRIVE  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 26-2512193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VANHORN, VICTORIA  
909 S FOREST CREEK DRIVE  
ST. AUGUSTINE, FL 32092 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: VANHORN, VICTORIA  
Address: 909 S FOREST CREEK DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: VANHORN, DOUGLAS  
Address: 909 S FOREST CREEK DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

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: VICTORIA VAN HORN

P

02/17/2011

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

\_\_\_\_\_  
Date