

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053578

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** BEST OF CITRUS-A POOL SERVICE, INC.

**Current Principal Place of Business:**

22 SOUTH LINKS AVE.  
SUITE 300  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

22 SOUTH LINKS AVE.  
SUITE 300  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 26-2709937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUZIER, THOMAS B ESQ  
22 SOUTH LINKS AVE.  
SUITE 300  
SARASOTA, FL 34236 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:** LUZIER, HOMER W  
**Address:** 428 NW FERN DRIVE  
**City-St-Zip:** CRYSTAL RIVER, FL 34428

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:** HOMER LUZIER

D

04/09/2012

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

\_\_\_\_\_  
Date