

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095255

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** CERTIFIED POOL MECHANICS 1,INC

**Current Principal Place of Business:**

12960 COMMERCE LAKES DRIVE  
SUITE 7  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

12960 COMMERCE LAKES DRIVE  
SUITE 7  
FORT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 26-3543735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERITAGE TAX & CONSULTING SERVICES INC  
11220 METRO PARKWAY  
3  
FORT MYERS, FL 33966 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,D  
Name: GALA, NICOLE  
Address: 1559 MCGREGOR RESERVE DR  
City-St-Zip: FORT MYERS, FL 33901

Title: VP,D  
Name: GALA, ROBERT P JR  
Address: 1559 MCGREGOR RESERVE DR  
City-St-Zip: FORT MYERS, FL 33901

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: ROBERT P. GALA JR.

V.P.

01/19/2012

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

\_\_\_\_\_ Date