

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034952

Entity Name: TROPICORAL POOLS, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3126 SHAMROCK DR  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

3126 SHAMROCK DR  
VENICE, FL 34293

**New Mailing Address:**

P.O. BOX 247  
VENICE, FL 34284

FEI Number: 26-4710021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONOVER, LISA  
3126 SHAMROCK DR  
VENICE, FL 34293 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: DPT  
Name: CONOVER, LISA  
Address: 3126 SHAMROCK DR  
City-St-Zip: VENICE, FL 34293

Title: VS  
Name: CONOVER, LISA  
Address: 3126 SHAMROCK DR  
City-St-Zip: VENICE, FL 34293

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: LISA A CONOVER

DPT

02/18/2011

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

\_\_\_\_\_  
Date