

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000053838

FILED
May 03, 2010
Secretary of State

Entity Name: HORIZONS II POOL CARE, INC.

Current Principal Place of Business:

4700 MILLENIA BLVD, STE 175
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1237
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 27-0410800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWARTZMAN, SERENA T
6237 RIVER FRUIT COURT
WINDERMERE, FL 34786 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: KUSHNER, LEONARD
Address: 6237 RIVER FRUIT COURT
City-St-Zip: WINDERMERE, FL 34786

Title: VP
Name: KUSHNER, PATRICIA B
Address: 6237 RIVER FRUIT COURT
City-St-Zip: WINDERMERE, FL 34786

Title: S/T
Name: SWARTZMAN, SERENA T
Address: 6237 RIVER FRUIT COURT
City-St-Zip: WINDEREMERE, FL 34786

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: SERENA SWARTZMAN

S/T

05/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date