

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000024617

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** ANTHONY'S POOL AND SPA CENTER INC

**Current Principal Place of Business:**

4901 E SILVER SPRINGS BLVD  
SUITE 502  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

4901 E SILVER SPRINGS BLVD  
SUITE 502  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 20-1704902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANNO, KIMBERLY  
4901 E SILVER SPRINGS BLVD  
SUITE 502  
OCALA, FL 34470 US

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

MANNO, KIMBERLY A  
4901 E SILVER SPRINGS BLVD  
SUITE 502  
OCALA, FL 34470 US

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: KIMBERLY A MANNO

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: MANNO, KIMBERLY  
Address: 4901 E SILVER SPRING BLVD  
City-St-Zip: Ocala, FL 34470

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: KIMBERLY A. MANNO

CEO

03/03/2011

Electronic Signature of Signing Officer or Director

Date