

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000032160

**Entity Name:** LEGENDARY POOLS & SPAS INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4940 HURLEY AVE  
NORTH PORT, FL 34288

**New Principal Place of Business:**

**Current Mailing Address:**

4940 HURLEY AVE  
NORTH PORT, FL 34288

**New Mailing Address:**

23227 FREEDOM AVE  
PUNTA GORDA, FL 33980

**FEI Number:** 45-2278117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYSON, JOEL D  
4940 HURLEY AVE  
NORTH PORT, FL 34288 US

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

BRYSON, JOEL D  
23227 FREEDOM AVE  
# 6  
PUNTA GORDA, FL 33980 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:** JOEL BRYSON

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BRYSON, JOEL D  
**Address:** 4940 HURLEY AVE  
**City-St-Zip:** NORTH PORT, FL 34288

**Title:** T  
**Name:** MEDDERS, DEBORAH G  
**Address:** 4940 HURLEY AVE  
**City-St-Zip:** NORTH PORT, FL 34288

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:** JOEL BRYSON

P

04/16/2012

Electronic Signature of Signing Officer or Director

Date