

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000067602

FILED
Apr 25, 2012
Secretary of State

Entity Name: A QUALITY POOL SERVICE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4985 SE 47TH TERRACE ROAD
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2754
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 45-2838292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAVEN, SAMMYE F
4985 SE 47TH TERRACE RD
OCALA,, FL 34480 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
Name: SLAVEN, SAMMYE F
Address: 4985 SE 47TH TERRACE ROAD
City-St-Zip: OCALA, FL 34480 US

Title: VP
Name: SLAVEN, RANDY N
Address: 4985 SE 47TH TERRACE RD
City-St-Zip: OCALA, FL 34480 US

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: SAMMYE SLAVEN

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date