

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000042760

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** WOODLAND'S QUALITY POOL CARE, INC.

**Current Principal Place of Business:**

134 HAMMOCK RD.  
ANNA MARIA, FL

**New Principal Place of Business:**

134 HAMMOCK RD.  
ANNA MARIA, FL 34216 US

**Current Mailing Address:**

PO BOX 1161  
ANNA MARIA, FL 342161161

**New Mailing Address:**

PO BOX 1161  
ANNA MARIA, FL 342161161 US

**FEI Number:** 65-0577669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODLAND, DALE A  
134 HAMMOCK RD.  
ANNA MARIA, FL 34216 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: DALE A. WOODLAND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODLAND, DALE A  
Address: 134 HAMMOCK RD.  
City-St-Zip: ANNA MARIA, FL

Title: D  
Name: WOODLAND, SCOTT  
Address: 6201 34TH AVENUE WEST  
City-St-Zip: BRADENTON, FL 34209

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: DALE A. WOODLAND

Electronic Signature of Signing Officer or Director

PRES

03/28/2011

Date