

**2012 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2012  
Secretary of State**

DOCUMENT# P95000042760

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

**Current Principal Place of Business:**

134 HAMMOCK RD.  
ANNA MARIA, FL 34216 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1161  
ANNA MARIA, FL 342161161 US

**New Mailing Address:**

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: \_\_\_\_\_

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 34216-116 US

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 WOODLAND

PRES

01/07/2012

Electronic Signature of Signing Officer or Director

Date