

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000826

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** GROVES SWIMMING POOL SERVICE, INC.

**Current Principal Place of Business:**

1161 TWIN OAK COURT  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

1161 TWIN OAK COURT  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 65-0719787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GROVES, RONALD B  
1161 TWIN OAK COURT  
MARCO ISLAND, FL 34145 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: GROVES, RONALD B  
Address: 1161 TWIN OAK CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP  
Name: GROVES, JAMES L  
Address: 1161 TWIN OAK CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ST  
Name: GROVES, JACQUELINE M  
Address: 1161 TWIN OAK CT.  
City-St-Zip: MARCO ISLAND, FL 34145

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: RONALD BRYAN GROVES

PRES

03/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date