

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005117

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA POOL ENCLOSURES, INC.

**Current Principal Place of Business:**

929 HICKORY STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

922 HICKORY STREET  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

P O BOX 521136  
LONGWOOD, FL 32752 US

**New Mailing Address:**

**FEI Number:** 59-3420005      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DELAHOZ, MIKE  
927 HICKORY STREET  
ALTAMONTE SPRINGS, FL 32701 US

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

DELAHOZ, MIKE  
922 HICKORY STREET  
ALTAMONTE SPRINGS, FL 32701 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/23/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: DELAHOZ, NYDIA  
Address: 395 BERNARD STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: P  
Name: DELAHOZ, MIKE  
Address: 922 HICKORY STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP  
Name: DELAHOZ, MIGUEL  
Address: 395 BERNARD STREET  
City-St-Zip: LONGWOOD, FL 32750

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: MIKE DELAHOZ

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

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02/23/2011

\_\_\_\_\_  
Date