

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000066170

1. Entity Name
FLORIDA POOL PROFESSIONALS, INC.



FILED

08 OCT -9 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
27564 OLD US 41
BONITA SPRINGS, FL 34136 US

Mailing Address
PO BOX 368019
BONITA SPRINGS, FL 34136 US



09022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0814367

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX ACCOUNTING & FINANCIAL ASSOCIATES INC
809 WALKERBILT RD
SUITE 5
NAPLES, FL 34110

Name
Tax & Accounting of Southwest Florida LLC
Street Address (P.O. Box Number is Not Acceptable)
809 Walkerbilt Road, Suite 6
City Naples FL Zip, Code 34110

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME RYAN, JERALD ☐ Delete
STREET ADDRESS 27564 OLD US 41
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE
NAME D, VP ☐ Change ☒ Addition
STREET ADDRESS Rudi Dekkers
CITY-ST-ZIP 3908 Lavidia Way
Cape Coral, FL 33933

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 600136819806
CITY-ST-ZIP 10/10/08--01038--021 **61.25

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerald Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-777-4482

10/7/08

m 10/9