

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000066170

Entity Name: FLORIDA POOL PROFESSIONALS, INC.

**FILED**  
**Aug 03, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

27564 OLD US 41  
BONITA SPRINGS, FL 34136 US

## **New Principal Place of Business:**

28711 S. DIESEL DRIVE  
SUITE 8  
BONITA SPRINGS, FL 34135 US

## **Current Mailing Address:**

PO BOX 368019  
BONITA SPRINGS, FL 34136 US

## **New Mailing Address:**

FEI Number: 65-0814367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TAX & ACCOUNTING OF SWFL LLC  
809 WALKERBILT ROAD  
SUITE 6  
NAPLES, FL 34110 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: DPS ( ) Delete  
Name: RYAN, JERALD  
Address: 27564 OLD US 41  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP (X) Delete  
Name: DEKKERS, RUDI  
Address: 3908 LAVIDA WAY  
City-St-Zip: CAPE CORAL, FL 33933

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: RYAN, JERALD  
Address: 28711 S. DIESEL DRIVE, SUITE 8  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JERALD RYAN

DPS

08/03/2009

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

\_\_\_\_\_  
Date