

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000083460

Entity Name: POE'S POOL PREPS, INC.

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17278 MURCOTT BLVD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

17278 MURCOTT BLVD  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

FEI Number: 65-0985056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POE, BRAD T  
17278 MURCOTT BLVD  
LOXAHATCHEE, FL 33470 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: PD  
Name: POE, BRADLEY T  
Address: 17278 MURCOTT BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V  
Name: POE, BROOKE  
Address: 17278 MURCOTT BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: OF  
Name: POE, THOMAS J  
Address: 17278 MURCOTT BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: BRAD POE

PRES

03/13/2011

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

\_\_\_\_\_  
Date