

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62145

FILED  
Jan 19, 2012  
Secretary of State

**Entity Name:** POOL DOCTOR SERVICE & SUPPLIES, INC.

**Current Principal Place of Business:**

2104 DEL PRADO BLVD S  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

2104 DEL PRADO BLVD S  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number: 59-3081132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FORSTER, MARK E  
2209 SE 32ND TERRACE  
CAPE CORAL, FL 33904 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  
Name: FORSTER, MARK E  
Address: 2209 SE 32ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: DVPT  
Name: FORSTER, BARBARA N  
Address: 2209 SE 32ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

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: MARK E FORSTER

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

PRES

01/19/2012

\_\_\_\_\_ Date