

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70721

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: THE POOL DOCTOR OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

13831 US HIGHWAY 19 N  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17058  
CLEARWATER, FL 33762 US

**New Mailing Address:**

FEI Number: 59-3078104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LONG, DARELL  
13831 US HIGHWAY 19 N.  
CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LONG, DARELL  
Address: PO BOX 17058  
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete  
Name: NAY, DENA  
Address: 4211 MEADOW WOOD LANE  
City-St-Zip: UNION TOWN, OH 33764

Title: D ( ) Delete  
Name: CAIN, DOROTHY  
Address: 2087 DRUID ROAD  
City-St-Zip: CLEARWATER, FL 33764

Title: VP ( ) Delete  
Name: LONG, DAVID G  
Address: 10215 NORTH PARK AVE  
City-St-Zip: KANSAS CITY, MO 64155

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

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

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

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

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: DARELL LONG

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date