

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70721

FILED
Jan 13, 2012
Secretary of State

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

Current Principal Place of Business:

6995 90TH AVE. N.
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

Current Mailing Address:

6995 90TH AVE. N.
PINELLAS PARK, FL 33782 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
6995 90TH AVE. N.
PINELLAS PARK, FL 33782 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: P
Name: LONG, DARELL
Address: PO BOX 17058
City-St-Zip: CLEARWATER, FL 33760

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

Title: VP
Name: CAIN, DOROTHY
Address: 2087 DRUID ROAD
City-St-Zip: CLEARWATER, FL 33764

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

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: DARELL LONG

_____ Electronic Signature of Signing Officer or Director

OWNE

01/13/2012

_____ Date