

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V08423

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** DESIGNER POOLS & SPAS OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

10018 SW JUDY AVE  
ARCADIA, FL 34269 US

**New Principal Place of Business:**

7897 HILLMAN AVE  
PUNTA GORDA, FL 33982 US

**Current Mailing Address:**

10018 SW JUDY AVE  
ARCADIA, FL 34269 US

**New Mailing Address:**

1940 KINGS HWY #4  
PMB143  
PORT CHARLOTTE, FL 33980 US

**FEI Number:** 65-0306134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANOLAKOS, DEBRA L  
10018 SW JUDY AVE  
ARCADIA, FL 34269 US

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

CHILDERS., THOMAS F  
7897 HILLMAN AVE  
PUNTA GORDA, FL 33982 US

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: THOMAS CHILDERS

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CHILDERS, THOMAS F  
Address: 7897 HILLMAN AVE  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: VP  
Name: EIKEN, CRAIG W  
Address: 13572 KETRIDGE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33953 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: THOMAS CHILDERS

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date