

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 346532

**Entity Name:** NASSAU POOLS CONSTRUCTION, INC.**Current Principal Place of Business:**5187 TAMIAMI TRAIL NORTH SUITE 100  
NAPLES, FL 34103**Current Mailing Address:**5187 TAMIAMI TRAIL NORTH,SUITE 100  
NAPLES, FL 34103 US**FEI Number:** 59-1266888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARK H. MULLER, P.A.  
5150 TAMIAMI TRAIL NORTH, SUITE 303  
NAPLES, FL 34103 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT AND CEO
Name	THRELKELD, THOMAS L
Address	5187 TAMIAMI TRAIL NORTH SUITE 100
City-State-Zip:	NAPLES FL 34103

Title	SR. VP OF SPECIAL PROJECTS & BUSINESS DEVELOPMENT
Name	BEALL, GREGORY
Address	5187 TAMIAMI TRAIL NORTH SUITE 100
City-State-Zip:	NAPLES FL 34103

Title	VP OF SALES & OPERATIONS
Name	SWINFORD, BRIAN
Address	5187 TAMIAMI TRAIL NORTH SUITE 100
City-State-Zip:	NAPLES FL 34103

Title	VP OF CONSTRUCTION
Name	HICKS, BRIAN
Address	5187 TAMIAMI TRAIL NORTH SUITE 100
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY & TREASURER
Name	FORD, EMILY
Address	5187 TAMIAMI TRAIL NORTH SUITE 100
City-State-Zip:	NAPLES FL 34103

*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 L. THRELKELD

PRESIDENT

04/26/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date