

2024 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 VP OF SALES & OPERATIONS
Name SWINFORD, 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

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 CONSTRUCTION
Name HICKS, BRIAN
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****04/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date