

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 351860

**Entity Name:** CENTRAL FLORIDA SWIMMING POOLS, INC.

**Current Principal Place of Business:**

506 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

506 SOUTH MAGNOLIA AVENUE  
OCALA, FL 34471

**FEI Number:** 59-1273808

**Certificate of Status Desired:** Yes

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

GEORGE E VAZQUEZ  
506 SO. MAGNOLIA AVE.  
OCALA, FL 34471 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, TREASURER  
Name            VAZQUEZ, GEORGE E.  
Address        1717 NE 38TH AVE.  
City-State-Zip: Ocala FL 34470

Title            VP, SECRETARY  
Name            VAZQUEZ, KENNETH M  
Address        5338 NE 23RD AVE.  
City-State-Zip: Ocala FL 34479

*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:** GEORGE E VAZQUEZ

**PRESIDENT**

**01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date