

2017 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: No

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: KENNETH M VAZQUEZ

VICE PRESIDENT

01/17/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date