

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 420338

Entity Name: ARTISTIC POOLS OF FLORIDA INC**Current Principal Place of Business:**2030 WEAVER PARK DRIVE
CLEARWATER, FL 33765**Current Mailing Address:**P.O. BOX 7036
CLEARWATER, FL 33758 US**FEI Number:** 59-1469464**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRANESE, ANTHONY P
1012 DREW STREET
CLEARWATER, FL 34615 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	DST
Name	GOMEZ, BARBARA
Address	P.O. BOX 7036
City-State-Zip:	CLEARWATER FL 33758

Title	D
Name	DRUMMOND, DONNA
Address	P.O. BOX 7036
City-State-Zip:	CLEARWATER FL 33758

Title	DVP
Name	DRUMMOND, MICHAEL
Address	P.O. BOX 7036
City-State-Zip:	CLEARWATER FL 33758

Title	DP
Name	GOMEZ, JAMES
Address	P.O. BOX 7036
City-State-Zip:	CLEARWATER FL 33758

Title	MGR
Name	DRUMMOND, CHRISTOPHER
Address	P.O. BOX 7036
City-State-Zip:	CLEARWATER FL 33758

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: JAMES GOMEZ**PRESIDENT****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date