

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 583488

**Entity Name:** POOL DOCTOR OF BREVARD, INC.

**Current Principal Place of Business:**

6350 BABCOCK STREET SE  
PALM BAY, FL 32909

**Current Mailing Address:**

P.O. BOX 121205  
WEST MELBOURNE, FL 32912

**FEI Number:** 59-1870913

**Certificate of Status Desired:** No

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

SCHILLINGER, CHARLES ESQ.  
1311 BEDFORD DRIVE  
MELBOURNE, FL 32940 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	P	Title	ST
Name	HOLTMAN, DOUGLAS LP	Name	HOLTMAN, DIANE KST
Address	140 PELICAN DR. NE	Address	140 PELICAN DR. NE
City-State-Zip:	PALM BAY, FL 32907	City-State-Zip:	PALM BAY, FL 32907

*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:** DOUGLAS HOLTMAN

**PRESIDENT**

**02/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date