

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64770

Entity Name: SWIMMING POOL OWNERS AND SUPPLY, INC.**Current Principal Place of Business:**6221 PEMBROKE ROAD
HOLLYWOOD, FL 33023**Current Mailing Address:**6221 PEMBROKE ROAD
HOLLYWOOD, FL 33023 US**FEI Number:** 59-2551364**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BELLET, DANIEL
6221 PEMBROKE ROAD
HOLLYWOOD, FL 33027 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	PD
Name	BELLET, DANIEL
Address	6221 PEMBROKE RD
City-State-Zip:	HOLLYWOOD FL 33023

Title	VP
Name	BELLET, CAROL
Address	6221 NPEMBROKE RD
City-State-Zip:	HOLLYWOOD FL 33023

Title	PD
Name	BELLET, DANIEL
Address	4450 SW 141 AVENUE
City-State-Zip:	MIRAMAR FL 33027

Title	VP
Name	BELLET, CAROL
Address	4450 SW 141 AVENUE
City-State-Zip:	MIRAMAR FL 33027

Title	VP
Name	BELLET, CAROL
Address	4450 SW 141 AVENUE
City-State-Zip:	MIRAMAR FL 33027

Title	PD
Name	BELLET, DANIEL
Address	4450 SW 141 AVENUE
City-State-Zip:	MIRAMAR FL 33027

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: DANIEL BELLET

PD

01/09/2014

Electronic Signature of Signing Officer/Director Detail_____
Date