

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L10738

**Entity Name:** SUPERIOR DESIGN POOLS & SPAS, INC.

**Current Principal Place of Business:**

12489-7 SAN JOSE BLVD  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12489-7 SAN JOSE BLVD  
JACKSONVILLE, FL 32223 US

**FEI Number:** 59-2971105

**Certificate of Status Desired:** No

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

MORRIS, SHANE W  
9585 CR 13N  
ST. AUGUSTINE, FL 32092 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:** SHANE W. MORRIS

03/05/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MORRIS, SHANE W  
Address 9585 COUNTY ROAD 13N  
City-State-Zip: ST. AUGUSTINE FL 32092

Title SEC  
Name MORRIS, SHANE W  
Address 9585 CR 13N  
City-State-Zip: ST. AUGUSTINE FL 32092

Title TREA  
Name MORRIS, SHANE W  
Address 9585 COUNTY ROAD 13 N  
City-State-Zip: ST. AUGUSTINE FL 32092

Title AUTHORIZED REPRESENTATIVE  
Name MORRIS, JULIE  
Address 12489-7 SAN JOSE BLVD  
City-State-Zip: JACKSONVILLE FL 32223

*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:** JULIE MORRIS

MANAGER

03/05/2025

Electronic Signature of Signing Officer/Director Detail

Date