

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000029671

**Entity Name:** TROPICAL RETREAT POOLS AND SPAS, INC.

**Current Principal Place of Business:**

12366 V.C JOHNSON RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

12366 V.C JOHNSON RD  
JACKSONVILLE, FL 32218

**FEI Number:** 30-0074767

**Certificate of Status Desired:** No

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

WANSER, WILLIAM J  
12366 V.C JOHNSON RD  
JACKSONVILLE, FL 32218 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  
Name WANSER, WILLIAM J  
Address 12366 V.C JOHNSON RD  
City-State-Zip: JACKSONVILLE FL 32218

*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:** WILLIAM J WANSER

**PRESIDENT**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date