

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000034742

**Entity Name:** POOL DOCTORS OF ST. LUCIE, INC.

**Current Principal Place of Business:**

17 BUDD LANE  
LA GRANGEVILLE, NY 12540

**Current Mailing Address:**

P.O. BOX 309  
STORMVILLE, NY 12582 US

**FEI Number:** 80-0060507

**Certificate of Status Desired:** No

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

SAM DAVIS & ASSOC.  
797 ST. CROIX COVE  
PORT ST. LUCIE, FL 34986 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	PRES	Title	VP
Name	IURILLI, THOMAS G	Name	IURILLI, RENEE G
Address	SUN TERR.	Address	SUN TERR.
City-State-Zip:	PSL FL 34986	City-State-Zip:	PSL FL 34986

*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:** THOMAS IURILLI

**PRES.**

**02/15/2023**

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

\_\_\_\_\_  
Date