

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034742

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

Current Principal Place of Business:

BUDD LN.
LAGRANGEVILLE, 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
Name IURILLI, THOMAS G
Address BUDD LN.
City-State-Zip: LAGRANGEVILLE NY 12540

Title VP
Name IURILLI, RENEE
Address BUDD LN.
City-State-Zip: LAGRANGEVILLE NY 12540

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.

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date