

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000028039

Entity Name: POOL DOCTOR OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

3223 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P.O. BOX 50696
JACKSONVILLE BEACH, FL 32240

FEI Number: 26-1880814

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARUS, ERIC M
3223 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250 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 MARUS, ERIC M
Address 3223 OCEAN DRIVE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title VP
Name MARUS, TIFFANY N
Address 3223 OCEAN DRIVE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: ERIC MARUS

P

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date