

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000028039

**Entity Name:** POOL DOCTOR OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

1808 6TH AVE N  
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  
1808 6TH AVE N  
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	Title	VP
Name	MARUS, ERIC M	Name	MARUS, TIFFANY N
Address	1808 6TH AVE N	Address	1808 6TH AVE N
City-State-Zip:	JACKSONVILLE BEACH FL 32250	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 M. MARUS**

**P**

**04/30/2018**

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

\_\_\_\_\_  
Date