

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000092407

**Entity Name:** PERFECT BLUE POOL CARE, INC.

**Current Principal Place of Business:**

1499 SUMMERLAND AVE  
WINTER PARK, FL 32789

**Current Mailing Address:**

PO BOX 3076  
WINTER PARK, FL 32789 US

**FEI Number:** 27-1301018

**Certificate of Status Desired:** No

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

PERFECT BLUE POOL CARE INC  
1499 SUMMERLAND AVE  
WINTER PARK, FL 32789 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:** KAREN LECROY

02/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,S  
Name LECROY, KAREN A  
Address PO BOX 3076  
City-State-Zip: WINTER PARK FL 32789

Title T,D  
Name LECROY, KAREN A  
Address PO BOX 3076  
City-State-Zip: WINTER PARK FL 32789

*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:** KAREN A LECROY

**PRESIDENT**

02/14/2022

Electronic Signature of Signing Officer/Director Detail

Date