

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000099674

**Entity Name:** SWORDFISH POOL CARE, INC.

**Current Principal Place of Business:**

405 CYPRESS LANE  
LAKE WORTH, FL 33461

**Current Mailing Address:**

405 CYPRESS LANE  
LAKE WORTH, FL 33461 US

**FEI Number: 81-0867035**

**Certificate of Status Desired:** No

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

GROZIER, JACOB  
405 CYPRESS  
LAKE WORTH, FL 33461 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            GROZIER, JACOB  
Address        405 CYPRESS LANE  
City-State-Zip: LAKE WORTH FL 33461

*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: JACOB GROZIER**

**PRESIDENT**

**04/11/2025**

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

\_\_\_\_\_  
Date