

2024 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

OWNER

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date