

**2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P20000004460

**Entity Name:** OLD TOWN CUSTOM POOLS, INC.**Current Principal Place of Business:**2790 JOE ASHTON RD  
SAINT AUGUSTINE, FL 32092**Current Mailing Address:**2790 JOE ASHTON RD  
SAINT AUGUSTINE, FL 32092 US**FEI Number:** 88-2238527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDEN, JARROD J  
2790 JOE ASHTON RD  
SAINT AUGUSTINE, FL 32092 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:** JARROD EDEN

07/15/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	EDEN, JARROD JAMES
Address	2790 JOE ASHTON RD
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	VP OF OPERATIONS
Name	BOYHAN, KEVIN D
Address	2790 JOE ASHTON RD
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	VICE PRESIDENT OF SALES
Name	PAGE, GARRETT LEE
Address	2790 JOE ASHTON RD
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	VP
Name	EDEN, MELANIE ALYSE
Address	2790 JOE ASHTON RD
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	VP OF EXCAVATION
Name	BURNSIDE, KENNETH T
Address	2790 JOE ASHTON RD
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	COO
Name	BARNES, JUSTIN EDWARD
Address	2790 JOE ASHTON RD
City-State-Zip:	SAINT AUGUSTINE FL 32092

*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:** JARROD EDEN

PRESIDENT

07/15/2025

Electronic Signature of Signing Officer/Director Detail

Date