

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000028441

**Entity Name:** HANSON'S POOL SERVICE, INC.

**Current Principal Place of Business:**

35429 PLATT RD.  
DADE CITY, FL 33523

**Current Mailing Address:**

35429 PLATT RD.  
DADE CITY, FL 33523 US

**FEI Number: 59-3505916**

**Certificate of Status Desired: No**

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

SKERKOWSKI, BERNARD  
2908 MAGDELENE WOODS DRIVE  
TAMPA, FL 33618 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            D  
Name            HANSON, STEVEN F  
Address        35429 PLATT RD.  
City-State-Zip: DADE CITY FL 33523

Title            D  
Name            HANSON, TRACY K  
Address        35429 PLATT RD.  
City-State-Zip: DADE CITY FL 33523

*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: STEVEN F HANSON**

**D**

**02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date