

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S62145

**Entity Name:** POOL DOCTOR SERVICE & SUPPLIES, INC.

**Current Principal Place of Business:**

2104 DEL PRADO BLVD S STE 1  
CAPE CORAL, FL 33990

**Current Mailing Address:**

2104 DEL PRADO BLVD S STE 1  
CAPE CORAL, FL 33990 US

**FEI Number:** 59-3081132

**Certificate of Status Desired:** No

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

FORSTER, MARK E  
9286 MARBLE STONE DRIVE  
NAPLES, FL 34120 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 DPS  
Name FORSTER, MARK E  
Address 9286 MARBLE STONE DRIVE  
City-State-Zip: NAPLES FL 34120

Title DVPT  
Name FORSTER, BARBARA N  
Address 9286 MARBLE STONE DRIVE  
City-State-Zip: NAPLES FL 34120

Title VP, DIRECTOR  
Name FORSTER, CAROLINE GRACE  
Address 9286 MARBLE STONE DR  
City-State-Zip: NAPLES FL 34120

Title DIRECTOR  
Name FORSTER, VALERIE  
Address 3607 PLUMOSA TERRACE  
City-State-Zip: BRADENTON FL 34210

*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:** MARK E FORSTER

**PRESIDENT**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date