

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S62145

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

**Current Principal Place of Business:**

2104 DEL PRADO BLVD S  
CAPE CORAL, FL 33990

**Current Mailing Address:**

2104 DEL PRADO BLVD S  
CAPE CORAL, FL 33990 US

**FEI Number:** 59-3081132

**Certificate of Status Desired:** No

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

FORSTER, MARK E  
2209 SE 32ND TERRACE  
CAPE CORAL, FL 33904 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	Title	DVPT
Name	FORSTER, MARK E	Name	FORSTER, BARBARA N
Address	2209 SE 32ND TERRACE	Address	2209 SE 32ND TERRACE
City-State-Zip:	CAPE CORAL FL 33904	City-State-Zip:	CAPE CORAL FL 33904

*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**

**01/28/2013**

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

\_\_\_\_\_  
Date