

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70721

Entity Name: THE POOL DOCTOR OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6995 90TH AVE. N.
SUITE B
PINELLAS PARK, FL 33782

Current Mailing Address:

6995 90TH AVE. N.
SUITE B
PINELLAS PARK, FL 33782 US

FEI Number: 59-3078104

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LONG, DARELL
6995 90TH AVE. N.
PINELLAS PARK, FL 33782 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 LONG, DARELL
Address PO BOX 17058
City-State-Zip: CLEARWATER FL 33760

Title D
Name NAY, DENA
Address 4211 MEADOW WOOD LANE
City-State-Zip: UNION TOWN OH 33764

Title VP
Name CAIN, DOROTHY
Address 2087 DRUID ROAD
City-State-Zip: CLEARWATER FL 33764

Title D
Name LONG, DAVID G
Address 10215 NORTH PARK AVE
City-State-Zip: KANSAS CITY MO 64155

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: DARELL LONG

PRES

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date