

**2024 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

**PRESIDENT**

**01/05/2024**

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

\_\_\_\_\_  
Date