

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000052942

**Entity Name:** CABANA BOY POOL CARE, INC.

**Current Principal Place of Business:**

121 ORMOND DR.  
INDIALANTIC, FL 32903

**Current Mailing Address:**

121 ORMOND DR.  
INDIALANTIC, FL 32903 US

**FEI Number:** 45-5370972

**Certificate of Status Desired:** No

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

SULLIVAN, HAYES  
121 ORMOND DR.  
INDIALANTIC, FL 32903 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	Title	S
Name	SULLIVAN, HAYES	Name	SULLIVAN, CARRIE
Address	121 ORMOND DR.	Address	121 ORMOND DR.
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903

*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:** CARRIE SULLIVAN

**SECRETARY**

**04/23/2015**

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

\_\_\_\_\_  
Date