## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 26, 2007 08:00 AM Secretary of State DOCUMENT # P04000118393 WEST COAST WATER INTRUSIONS, INC. Principal Place of Business Mailing Address 5905 PINE STREET NEW PORT RICHEY FL 34652 5905 PINE STREET NEW PORT RICHEY FL 34652 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 5905 P; no ST Suita, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 42-1611624 346SZ Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICORTE, ROY Street Address (P.O. Box Number is Not Acceptable) 5905 PINE STREET **NEW PORT RICHEY FL 34652** City Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ager FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD ши Addition ☐ Defete MILE Change DICORTE, ROY NAME NAME U00000733963 5905 PINE STREET STREET ADDRESS STREET ADDRESS 05/09/07-80107-004 150.00 NEW PORT RICHEY FL 34652 CHY-S1-7IP CHY-S1-7IP HILL Delete TITLE Change Addition HOLLOWAY, LINDA NAME 5905 PINE STREET STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34652 CITY S1-7IP CHY-S1-ZIP THIL Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY - ST - ZIP ☐ Delete Change ☐ Addition TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CIFY - S1 - 7IP ☐ Defete THE TITLE Change ... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP THILE HILE Dolcle Change Addition NAM NAME STREET ADDRESS STREET ADOPESS CHY-ST-ZIP CITY - ST- 7IP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE: 4

GMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07

Dayline Phone #