

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V46689

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**9516384636CC**

**Entity Name:** WHITE SANDS POOL PLASTERING, INC.

**Current Principal Place of Business:**

1775 E LAKE MARY BLVD  
SANFORD, FL 32773

**Current Mailing Address:**

1775 E LAKE MARY BLVD  
SANFORD, FL 32773 US

**FEI Number: 59-3138088**

**Certificate of Status Desired: No**

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

LILJENQUIST, KIM  
1775 E LAKE MARY BLVD  
SANFORD, FL 32773 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            C  
Name            KALIN, ASHLEY L  
Address        1775 E. LAKE MARY BLVD  
City-State-Zip: SANFORD FL 32773

Title            P  
Name            LILJENQUIST, KIM  
Address        1775 E LAKE MARY BLVD  
City-State-Zip: SANFORD FL 32773

Title            OFFICER  
Name            LILJENQUIST, WESTON V.  
Address        1775 E LAKE MARY BLVD  
City-State-Zip: SANFORD FL 32773

*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: ASHLEY KALIN**

**OPERATIONS MANAGER    02/05/2024**

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

\_\_\_\_\_  
Date