

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V46689

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

**Current Principal Place of Business:**

505 PLUMOSA AVE.,  
UNIT 1001  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

505 PLUMOSA AVE.,  
UNIT 1001  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 59-3138088

**Certificate of Status Desired:** No

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

LILJENQUIST, KIM  
505 PLUMOSA AVE.,  
UNIT 1001  
ALTAMONTE SPRINGS, FL 32701 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 LILJENQUIST, KEVIN  
Address 505 PLUMOSA AVE., UNIT 1001  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name LILJENQUIST, KIM  
Address 505 PLUMOSA AVE., UNIT 1001  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** KIM LILJENQUIST

**VICE PRESIDENT**

**08/17/2015**

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

\_\_\_\_\_  
Date