

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 449514**

1. Entity Name  
**WESTCO BUILDERS, INC.**



Principal Place of Business  
**4415 FIFTH AVE.  
PITTSBURGH, PA 15213**

Mailing Address  
**4415 FIFTH AVE.  
PITTSBURGH, PA 15213**



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1529365**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ALLEN, JAMES  
1001 3RD AVE W, STE 600  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000907963  
05/06/08-80010-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	BASKIN, SEYMOUR
STREET ADDRESS	4415 FIFTH AVE.
CITY-ST-ZIP	PITTSBURGH, PA 15213
TITLE	AS
NAME	ROSSI, JAN
STREET ADDRESS	4415 5TH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213
TITLE	VP
NAME	CONNOR, DIANE G
STREET ADDRESS	4415 5H AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213
TITLE	VP
NAME	KREUTZER, KAREN
STREET ADDRESS	4415 5TH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213
TITLE	PST
NAME	BALSINGER, WILLIAM
STREET ADDRESS	4415 FIFTH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213
TITLE	VP
NAME	BELLINO, KATHLEEN
STREET ADDRESS	4415 FIFTH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08 412-578-7828