

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90248 001 *****8.75
05-02-2006 90248 002 ***150.00

66013509



03042006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000023145					
1. Entity Name WEST COAST POOLS & DECKING, INC.					
Principal Place of Business 5143 COMMERCIAL WAY SPRING HILL, FL 34606			Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606		
2. Principal Place of Business 2015 BROAD STREET SOUTH		3. Mailing Address 2015 BROAD STREET SOUTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL		4. FEI Number 20-2338741	
Zip 34604		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDRADE, PAUL C 5143 COMMERCIAL WAY SPRING HILL, FL 34606			Name ANDRADE, ARNALDO		
			Street Address (P.O. Box Number is Not Acceptable) 2015 BROAD STREET SOUTH		
			City BROOKSVILLE FL Zip Code 34604		
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: <i>x Paul Andrade</i> DATE: <i>x 4/28/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANDRADE, PAUL C <input type="checkbox"/> Delete 14185 MULKERIN DRAY BROOKSVILLE, FL 34614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/2ND VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDRADE, ARNALDO 5375 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/1ST VP/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDRADE, WALDIR 9325 SOUTHERN BELLE DRIVE WEEKI WACHEE, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>x Arnaldo Andrade</i>			ARNALDO ANDRADE <i>x 4/28/06</i> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		