

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90364 043 \*\*\*150.00

**DOCUMENT # P05000023145**

1. Entity Name  
**WEST COAST POOLS & DECKING, INC.**



40033982



03032007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-2338741**

Applied For  
Not Applicable

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

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

**ANDRADE, PAUL C**  
**2015 BROAD ST. S.**  
**BROOKSVILLE, FL 34604**

**7. Name and Address of New Registered Agent**

Name  
**ARNOLDO ANDRADE**  
Street Address (P.O. Box Number is Not Acceptable)  
  
City  
**FL** Zip Code

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)

**X 03-08-07**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **DV** ☐ Delete  
NAME **ANDRADE, PAUL C**  
STREET ADDRESS **14185 MULKERIN DRAY**  
CITY-ST-ZIP **BROOKSVILLE, FL 34614**

TITLE **DP** ☐ Delete  
NAME **ANDRADE, ARNALDO**  
STREET ADDRESS **5375 CHAMPIONSHIP CUP LANE**  
CITY-ST-ZIP **BROOKSVILLE, FL 34609**

TITLE **DST** ☐ Delete  
NAME **ANDRADE, WALDIR**  
STREET ADDRESS **9325 SOUTHERN BELLE DRIVE**  
CITY-ST-ZIP **WEEKI WACHEE, FL 34613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D/2ND VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D/1ST VP/T/S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **ARNALDO ANDRADE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 3-8-07**

Date

Daytime Phone #