

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000090228

1. Entity Name  
EAST COAST POOL SUPPLY INC.



Principal Place of Business  
5440 MILITARY TRAIL  
SUITE 9  
JUPITER, FL 33458 US

Mailing Address  
6646 WOODLAKE RD  
JUPITER, FL 33458 US

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



07022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 68-0632319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

MENDIGUREN, JOSEPH R  
4719 47TH WAY  
WEST PALM BEACH, FL 33407

**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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000957884  
08/18/08-80006-021 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENDIGUREN, PEDRO R
STREET ADDRESS	6646 WOODLAKE RD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VP
NAME	MENDIGUREN, JON M
STREET ADDRESS	150 HAMPTON CIRCLE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	T
NAME	MENDIGUREN, JOSEPH R
STREET ADDRESS	4719 47TH WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	S
NAME	MENDIGUREN, JOSEPH R
STREET ADDRESS	4719 47TH WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

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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

7-8-08

Date

561-614-7577

Daytime Phone #