

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000071861**

1. Entity Name  
**E & M POOL PLASTERING, INC.**



Principal Place of Business  
**1887 C ROAD  
LOXAHATCHEE, FL 33470 US**

Mailing Address  
**1887 C ROAD  
LOXAHATCHEE, FL 33470 US**



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0951390**

Applied For
Not Applicable

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

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

**LOPEZ, ELOY  
1887 C ROAD  
LOXAHATCHEE, FL 33470**

**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

**U00000782425  
01/15/08-80073-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DPV
NAME	LOPEZ, ELOY
STREET ADDRESS	1887 C ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	S
NAME	LOPEZ, MELODY L
STREET ADDRESS	1887 C ROAD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	P
NAME	WADDELL, WILLIAM S
STREET ADDRESS	867 RYAN WOOD DR
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 REGISTERING OFFICER OR DIRECTOR

**Melody Lopez**

**1/10/08 541-798-0795**

Date

Daytime Phone #