

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46689

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** WHITE SANDS POOL PLASTERING, INC.

**Current Principal Place of Business:**

505 PLUMOSA AVE., UNIT 1001  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

505 PLUMOSA AVE.,  
UNIT 1001  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

505 PLUMOSA AVE., UNIT 1001  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

505 PLUMOSA AVE.,  
UNIT 1001  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 59-3138088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LILJENQUIST, KIM  
505 PLUMOSA AVE., UNIT 1001  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

LILJENQUIST, KIM  
505 PLUMOSA AVE.,  
UNIT 1001  
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: KIM LILJENQUIST

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LILJENQUIST, KEVIN  
Address: 505 PLUMOSA AVE., UNIT 1001  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP  
Name: LILJENQUIST, KIM  
Address: 505 PLUMOSA AVE., UNIT 1001  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN LILJENQUIST

P

01/09/2012

Electronic Signature of Signing Officer or Director

Date