

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052204

FILED  
May 11, 2009  
Secretary of State

Entity Name: PROTECTIVE WATER PROOFING, INC.

**Current Principal Place of Business:**

93 A JACKSON RUN  
SANTA ROSA BCH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

93 A JACKSON RUN  
SANTA ROSA BCH, FL 32459

**New Mailing Address:**

FEI Number: 59-3652282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNALLY, SAM V MR  
93A JACKSONS RUN  
SANTA ROSA BEACH, FL 32459 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCNALLY, SAM  
Address: 93 A JACKSON RUN  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MCNALLY, SAM  
Address: 93 A JACKSON RUN  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAM MCNALLY

PRES

05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date