

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000033475</b>                                                |  |
| 1. Entity Name<br>V.I.P. PAINTING, WATERPROOFING & CONCRETE RESTORATION, INC. |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>11540 WILES ROAD<br>BAY 5<br>CORAL SPRINGS, FL 33076 | Mailing Address<br>11540 WILES ROAD<br>BAY 5<br>CORAL SPRINGS, FL 33076 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



04082005 No Chg-P CR2E034 (10/03)

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|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>04-3633012</b>                                                              | Applied For<br><input type="checkbox"/> 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<br><br>CALDWELL, JAMES ALEX<br>11540 WILES ROAD<br>BAY 5<br>CORAL SPRINGS, FL 33076 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>CALDWELL, JAMES ALEX<br>2970 NW 68 AVENUE<br>MARGATE, FL 33065     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>CALDWELL, MICHELLE<br>2970 NW 68 AVENUE<br>MARGATE, FL 33063       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HUMENYI, STEPHEN J<br>1120 SW 3 TERRACE<br>POMPANO BEACH, FL 33060 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>SCHIAPO, ROSEMARY<br>5379 NW 60 DRIVE<br>CORAL SPRINGS, FL 33067   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>COTNOIR, CRAIG S<br>7805 N.W. 18 PLACE<br>MARGATE, FL 33063         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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04/27/05-80081-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *James Alex Caldwell* **James Alex Caldwell** 4/26/05 954.344.4413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #