# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 10, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P02000126709

1. Entity Name

BAY AREA WATERPROOFING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6723 CADILLAC ST.<br>HOUSTON TX 77021<br>US | 14139 CURLEY RD<br>DADE CITY FL 33525 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

1st MOORE CR2E034 (10/05)

4. FEI Number 56-2306653 — Applied For / Not Applied

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

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

CORBIN, DOVIE
14139 CURLEY RD
DADE CITY FL 33525

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 acc 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, 2006 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

**10. OFFICERS AND DIRECTORS**

| TITLE | PRES | ☐ Delete |
|---|---|---|
| NAME | CORBIN, ANDRE | |
| STREET ADDRESS | 14139 CURLEY RD | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
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| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | U00000462258 | ☐ Change ☐ Add |
|---|---|---|
| NAME | 03/21/06-80027-020 150.00 | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Add |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | ☐ Change ☐ Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 2/2/06 352 588 439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #