

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 395116**

1. Entity Name

FLORIDA WATERPROOFING SUPPLY, INC.



Principal Place of Business

2435 SW 32 AVENUE  
PEMBROKE PARK, FL 33023

Mailing Address

2435 SW 32 AVENUE  
PEMBROKE PARK, FL 33023 US



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1458311

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KANISTRAS, GEORGE  
605 CHAPMAN RD E  
OVIEDO, FL 32765

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	TOWNSON, TERRY
STREET ADDRESS	321 SALINAS DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	STD
NAME	ANDREWS JR, HORACE S
STREET ADDRESS	13320 SW 16 CT
CITY-ST-ZIP	DAVIE, FL 00000,
TITLE	PD
NAME	KANISTRAS, GEORGE
STREET ADDRESS	605 CHAPMAN RD E
CITY-ST-ZIP	OVIEDO, FL. 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000089055  
03/15/04-80077-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Horace S. Andrews, Jr.* HORACE S. ANDREWS, JR.

Date

3/10/04 954 981 4020

Daytime Phone #