

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 395116 1. Entity Name FLORIDA WATERPROOFING SUPPLY, INC.	
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Principal Place of Business 2435 SW 32 AVENUE PEMBROKE PARK, FL 33023	Mailing Address 2435 SW 32 AVENUE PEMBROKE PARK, FL 33023 US
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1458311	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KANISTRAS, GEORGE 605 CHAPMAN RD E OVIEDO, FL 32765
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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 reappointing)	DATE _____
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FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TOWNSON, TERRY 315 BRAVADO LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDREWS JR, HORACE S 13320 SW 16 CT DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KANISTRAS, GEORGE 605 CHAPMAN RD E OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/03/06-80024-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Terry Townson, Sr. 954-981-4020 2/15/06 Date Daytime Phone
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