

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90007 034 ***150.00

DOCUMENT # 580400	
1. Entity Name J.R. NABORS WATERPROOFING, INC.	

Principal Place of Business 3708 CLEMWOOD DRIVE ORLANDO, FL 32803	Mailing Address 3708 CLEMWOOD DRIVE ORLANDO, FL 32803
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03152004 Chg-P CP2E034 (10/03)

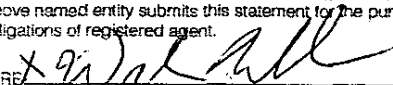


03152004 Chg-P CP2E034 (10/03)

4. FEI Number 59-1847073	Applied For ☐ Not Applicable
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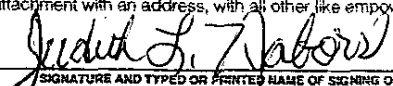
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NABORS, JUDITH L 3708 CLEMWOOD DR ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name: Nabors, Wade Street Address (P.O. Box Number is Not Acceptable): 3708 Clemwood Dr. City: Orlando FL Zip Code: 32803	
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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: 	Wade Nabors - President	04/02/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NABORS, JUDITH L 3708 CLEMWOOD DR. ORLANDO, FL 32803 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Nabors, Judith L. 3708 Clemwood Dr. Orlando, FL. 32803 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NABORS, WADE 3708 CLEMWOOD DR. ORLANDO, FL 32803 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nabors, Wade 3708 Clemwood Dr. Orlando, FL. 32803 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:		Judith L. Nabors - Sec/Tres	04/02/2004 407/896-0377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #