

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90330 043 ***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

00000700



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1847073

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

NABORS, WEDE
3708 CLEMWOOD DRIVE
ORLANDO, FL 32803

*Correction
needed
Should be WADE*

**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

X Wade Nabor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

WADE NABORS 04/12/05

DATE

**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	STD
NAME	NABORS, JUDITH L
STREET ADDRESS	3708 CLEMWOOD DR.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	PD
NAME	NABORS, WADE
STREET ADDRESS	3708 CLEMWOOD DR.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(i), 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: *X Wade Nabor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WADE NABORS 04/12/05

Date

Daytime Phone #