

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 583829**

1. Entity Name  
**WATERPROOFING SPECIALISTS, INC.**



Principal Place of Business  
**3142 LENOX AVE  
JACKSONVILLE, FL 32254-4288 US**

Mailing Address  
**3142 LENOX AVE  
JACKSONVILLE, FL 32254-4288 US**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1845579**

Applied For  
Not Applicable

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

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

**MILLER, MICHAEL J.  
741 RIO LINDO DRIVE  
JACKSONVILLE, FL 32204**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MILLER, MICHAEL J
STREET ADDRESS	741 RIO LINDO DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	ST
NAME	SHUGRUE, FREDDIE
STREET ADDRESS	6755 CALVADOS AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VP
NAME	BORIGA, FRANK J
STREET ADDRESS	5509 LEGACY CRESCENT PLACE APT.303
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VP
NAME	VANDERLINDE, STEVE
STREET ADDRESS	4584 EAST SENECA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80039-004 158.75

**DO NOT WRITE  
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:**

**MICHAEL J. MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER, DIRECTOR

**1-7-2008**

Date

**904-389-7261**

Daytime Phone #