

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583829

FILED
Apr 02, 2009
Secretary of State

Entity Name: WATERPROOFING SPECIALISTS, INC.

Current Principal Place of Business:

3142 LENOX AVE
JACKSONVILLE, FL 322544288 US

New Principal Place of Business:

Current Mailing Address:

3142 LENOX AVE
JACKSONVILLE, FL 322544288 US

New Mailing Address:

FEI Number: 59-1845579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, MICHAEL J.
Address: 741 RIO LINDO DRIVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST () Delete
Name: SHUGRUE, FREDDIE
Address: 6755 CALVADOS AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: BORIGA, FRANK J
Address: 5509 LEGACY CRESCENT PLACE APT.303
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: VANDERLINDE, STEVE
Address: 4584 EAST SENECA DR
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDDIE SHUGRUE

S/T

04/02/2009

Electronic Signature of Signing Officer or Director

Date