

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002697

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** ADUDDLELL RESTORATION AND WATERPROOFING, INC.

**Current Principal Place of Business:**

1601 N.W. EXPRESSWAY STE 1500  
OKLAHOMA CITY, OK 73118

**New Principal Place of Business:**

14220 S. MERIDIAN AVENUE  
OKLAHOMA CITY, OK 73173

**Current Mailing Address:**

7610 STATE HWY 65 NE  
FRIDLEY, MN 55432

**New Mailing Address:**

69 EMPIRE DRIVE  
ST. PAUL, MN 55103

**FEI Number:** 30-0395154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 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: DP ( ) Delete  
Name: BRUNS, DOUG  
Address: 7610 STATE HWY 65 NE  
City-St-Zip: FRIDLEY, MN 55432

Title: V ( ) Delete  
Name: STARKEY, KRIS  
Address: 7610 STATE HWY 65 NE  
City-St-Zip: FRIDLEY, MN 55432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BRUNS, DOUG  
Address: 69 EMPIRE DRIVE  
City-St-Zip: ST. PAUL, MN 55103

Title: V (X) Change ( ) Addition  
Name: STARKEY, KRIS  
Address: 69 EMPIRE DRIVE  
City-St-Zip: ST. PAUL, MN 55103

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: DOUG BRUNS

DP

04/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date