2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # H15919

1. Entity Name
WEATHERPROOF, INC.

Principal Place of Business	Mailing Address
142 OAKVIEW CIRCLE LAKE MARY, FL 32746	142 OAKVIEW CIRCLE LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. Fei Number
59-2457622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, THOMAS
142 OAKVIEW CIRCLE
LAKE MARY, FL 32746

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 Thomas A Martin 4-28-04
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed) 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, THOMAS
STREET ADDRESS	142 OAKVIEW CIRCLE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	V
NAME	MARTIN, WANDA K
STREET ADDRESS	142 OAKVIEW CIRCLE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Thomas A Martin 4-28-04 407-328-1684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #