

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90072 033 \*\*\*150.00

**DOCUMENT # J67055**

1. Entity Name

J. D. WATERPROOFING, INC.



Principal Place of Business

819 SE 8TH AVE  
DEERFIELD BEACH FL 33441

Mailing Address

819 SE 8TH AVE  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2812302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

DEBRINO, JAMES J  
1109 S.E. 12TH ST.  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | P                     | Delete                          |
| NAME            | DEBRINO, JAMES J      |                                 |
| STREET ADDRESS  | 1109 S.E. 12TH ST.    |                                 |
| CITY - ST - ZIP | DEERFIELD BEACH FL    |                                 |
| TITLE           | VP                    | Delete                          |
| NAME            | ROBINSON, GREGORY     |                                 |
| STREET ADDRESS  | 22751 PICKEREL CIRCLE |                                 |
| CITY - ST - ZIP | BOCA RATON FL         |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                         |  |
|-----------------|-------------------------|--|
| TITLE           | VP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Debrino, James J        |  |
| STREET ADDRESS  | 1109 SE 12th St         |  |
| CITY - ST - ZIP | Deerfield Bch, FL       |  |
| TITLE           | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Robinson, Gregory       |  |
| STREET ADDRESS  | 22751 Pickerel Circle   |  |
| CITY - ST - ZIP | Boca Raton, FL          |  |
| TITLE           | VP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | Chen, Stanley           |  |
| STREET ADDRESS  | 2857 NW 47 Ave          |  |
| CITY - ST - ZIP | Coral Springs, FL 33065 |  |
| TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |
| TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |
| TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*James J Debrino* JAMES DEBRINO VP

2/12/06

Date

Daytime Phone #