

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90019 011 ***150.00

DOCUMENT # P00000043152
 1. Entity Name
ATLANTIC WATERPROOFING & RESTORATION, INC.



00040416

Principal Place of Business Mailing Address
 1500 S DIXIE HIGHWAY 1500 S DIXIE HIGHWAY
 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 6278 N. FEDERAL HWY. 6278 N. FEDERAL HWY.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 BOX 237 BOX 237

07302008 Chg-P CR2E034 (12/06)

City & State City & State
 FORT LAUDERDALE, FL FORT LAUDERDALE, FL

4. FEI Number Applied For
 59-3649372 Not Applicable

Zip Country Zip Country
 33308 BROWARD 33308 BROWARD

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

6. Name and Address of Current Registered Agent
BUTLER, JOE Z
 1500 S DIXIE HIGHWAY
 POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent
 Name **BUTLER, JOE Z**
 Street Address (P.O. Box Number is Not Acceptable)
 6278 N. Federal Hwy.
 City **Fort Lauderdale** **FL** Zip Code **33308**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	BUTLER, JOE Z	
STREET ADDRESS	1500 S DIXIE HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PIERSON, PHILLIP D	
STREET ADDRESS	1500 S DIXIE HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JOE Z	
STREET ADDRESS	6278 N. Federal Hwy.	
CITY-ST-ZIP	Box 237 Fort Lauderdale, FL 33308	
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 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: Joe Z Butler **JOE Z. BUTLER** 8/04/08 (954)931-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #