

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
 1500 S DIXIE HIGHWAY
 POMPANO BEACH, FL 33060

Mailing Address
 1500 S DIXIE HIGHWAY
 POMPANO BEACH, FL 33060



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

3. Mailing Address
 6278 N. FEDERAL HWY.

Suite, Apt. #, etc.
 BOX 237

Suite, Apt. #, etc.
 BOX 237

07302008 Chg-P CR2E034 (12/06)

City & State
 FORT LAUDERDALE, FL

City & State
 FORT LAUDERDALE, FL

4. FEI Number
 59-3649372

Applied For
 Not Applicable

Zip
 33308

Country
 BROWARD

Zip
 33308

Country
 BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, JOE Z
 1500 S DIXIE HIGHWAY
 POMPANO BEACH, FL 33060

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTLER, JOE Z		NAME BUTLER, JOE Z	
STREET ADDRESS 1500 S DIXIE HIGHWAY		STREET ADDRESS 6278 N. Federal Hwy.	
CITY-ST-ZIP POMPANO BEACH, FL 33060		CITY-ST-ZIP Fort Lauderdale, FL 33308	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIERSON, PHILLIP D		NAME	
STREET ADDRESS 1500 S DIXIE HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH, FL 33060		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** Date: 8/04/08 (954)931-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #