


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90002 010 ***159.00

DOCUMENT # P01000050769 1. Entity Name L & R PAINTING & WATER PROOFING, INC.	
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Principal Place of Business 641 NW 198TH ST MIAMI, FL 33169	Mailing Address 641 NW 198TH ST MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1108033	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

REID, LINDSAY
641 NW 198TH ST
MIAMI, FL 33169

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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD REID, LINDSAY 641 NW 198TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, NORMA 641 NW 198TH ST MIAMI, FL 33169
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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____