


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90116 018 ***158.75

DOCUMENT # P02000028479 1. Entity Name NEGRONS' WATERPROOFING AND PAINTING INC.					
Principal Place of Business 1245 FRASER PINE BLVD SARASOTA, FL 34240			Mailing Address 3212 SOUTH GATE CIR SARASOTA, FL 34239		
2. Principal Place of Business - No P.O. Box # 1245 Fraser Pine Blvd.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State		4. FEI Number 74-3032097	
Zip 34240		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEGRON, STEVEN 1345 FRASER PINE BLVD SARASOTA, FL 34240			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD NEGRON, STEVEN 1245 FRASER PINE BLVD 1345 SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1245 Fraser Pine Blvd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEGRON, ROBIN 1245 FRASER PINE BLVD 1345 SARASOTA, FL 34240 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1245 Fraser Pine Blvd.	
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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: <u><i>Robin J. Negron</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-13-07 941 374 2253 <small>Date Daytime Phone #</small>		

60003109



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ATTACHMENT

COPY
60003109

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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
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SIGNATURE:

Robin J. Negron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #