

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90033 012 ***550.00

DOCUMENT # P02000055878

1. Entity Name
AAA DISCOUNT WATER DAMAGE, INC.



Principal Place of Business
14520 RIVERSIDE DR
FT MYERS, FL 33905

Mailing Address
14520 RIVERSIDE DR
FT MYERS, FL 33905

30059289



2. Principal Place of Business

5611 ZIP DRIVE

3. Mailing Address

P.O. BOX 50963

Suite, Apt. #, etc.

UNIT 2

Suite, Apt. #, etc.

07042005

Chg-P

CR2E034 (10/03)

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

APPLIED FOR 810554668

Applied For

Not Applicable

Zip

33905

Country

LEE

Zip

33905

Country

LEE

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BERNARDINI, JAMES
14520 RIVERSIDE DR
FT MYERS, FL 33905

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

James Bernardini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BERNARDINI, JAMES
STREET ADDRESS 14520 RIVERSIDE DR
CITY-ST-ZIP FT MYERS, FL 33905

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Bernardini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/05

Date

239 851-2053

Daytime Phone #