## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000131516

Entity Name: BAY AREA PAINTING & WATERPROOFING, INC.

FILED Mar 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17002 LAKESHORE ROAD 5553 W. WATERS AVE. LUTZ, FL 33549 US 5UITE 315

TAMPA, FL 33634 US

TAMPA, FL 33034 U

Current Mailing Address: New Mailing Address:

5364 EHRLICH ROAD 5553 W. WATERS AVE. PMB #388 SUITE 315

TAMPA, FL 33624 US TAMPA, FL 33634 US

FEI Number: 65-1164315 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHESON, JOHN D
17002 LAKESHORE ROAD
LUTZ, FL 33549 US
RICHESON, JOHN D
16105 CARDEN DR
ODESSA, FL 33634 US

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.

SIGNATURE: JOHN RICHESON 03/31/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition Name: RICHESON, JOHN D Name: RICHESON, JOHN D Address: 17002 LAKESHORE ROAD Address: 16105 CARDEN DR.

 Address:
 17002 LAKESHORE ROAD
 Address:
 16105 CARDEN DR.

 City-St-Zip:
 LUTZ, FL 33549 US
 City-St-Zip:
 ODESSA, FL 33556 US

Title: S/T () Delete Title: S/T (X) Change () Addition

 Name:
 RICHESON, HOPE L
 Name:
 RICHESON, HOPE L

 Address:
 17002 LAKESHORE ROAD
 Address:
 16105 CARDEN DR.

 City-St-Zip:
 LUTZ, FL 33549 US
 City-St-Zip:
 ODESSA, FL 33556 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. RICHESON PRES 03/31/2007