2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# P03000050282

Entity Name: SEALS WATERPROOFING, INC.

Current Principal Place of Business:

3000 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

3000 OLD CANOE CREEK ROAD
SAINT CLOUD, FL 34772 US

New Mailing Address:

FEI Number: 05-0568597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALDERRAMA PARTNERS, LLC
1870 PROVIDENCE BLVD.
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NUNEZ, PEDRO
Address: 3000 OLD CANOE CREEK ROAD
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: VP ( ) Delete
Name: MEJIAS, MARISOL
Address: 3000 OLD CANOE CREEK ROAD
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: S ( ) Delete
Name: DEJESUS, CARLOS M
Address: 2905 WILLOW OAK CT
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete
Name: DEJESUS, CARLOS J
Address: 8665 FORT SHEA AVE
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARISOL MEJIAS VP 02/02/2009

Electronic Signature of Signing Officer or Director Date