



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097894	
1. Entity Name NATIONAL FLOOD SPECIALISTS, INC.	

Principal Place of Business 12270 SW 3 ST PLANTATION, FL 33325	Mailing Address POB 559009 FORT LAUDERDALE, FL 33355
--	--

DO NOT WRITE IN THIS SPACE

FILED
07 SEP 18 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4276684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DONNELLY, PATRICK J 12270 SW 3 ST STE 200 FORT LAUDERDALE, FL 33325	<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DONNELLY, PATRICK J 12270 SW 3 ST STE 200 FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, JAMES 12270 SW 3 ST STE 200 FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONNELLY, ROBERT 12270 SW 3 ST STE 200 FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST VAUGHAN, CRAIG 12270 SW 3 ST STE 200 FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8/9/19</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500109550405
09/18/07--01015--013 **150.00

DO NOT WRITE 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 # _____