

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001581

FILED
Nov 19, 2004
Secretary of State

Entity Name: WATERPROOFING COMPANY OF N.W. FLORIDA, INC.

Current Principal Place of Business:

351 EDGE AVE.
VALPARAISO, FL 32580 US

New Principal Place of Business:

Current Mailing Address:

351 EDGE AVE.
VALPARAISO, FL 32580 US

New Mailing Address:

FEI Number: 20-0581438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELLI, JAMES
351 EDGE AVE.
VALPARAISO, FL 32580 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: MORELLI, JAMES
Address: 351 EDGE AVE.
City-St-Zip: VALPARAISO, FL 32580 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: REYNOLDS, BRIAN
Address: 200 COUNTRY CLUB RD
City-St-Zip: SHALIMAR, FL 32579 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES MORELLI

DIR

11/19/2004

Electronic Signature of Signing Officer or Director

_____ Date