

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90041 019 ***150.00

DOCUMENT # P04000001581					
1. Entity Name WATERPROOFING COMPANY OF N.W. FLORIDA, INC.					
Principal Place of Business 351 EDGE AVE. VALPARAISO, FL 32580 US			Mailing Address 351 EDGE AVE. VALPARAISO, FL 32580 US		
2. Principal Place of Business 95 Brian Lane Suite, Apt. #, etc.		3. Mailing Address 95 Brian Lane Suite, Apt. #, etc.			
City & State Freeport, FLORIDA Zip: 32439 Country: U.S.		City & State Freeport Florida Zip: 32439 Country: U.S.		4. FEI Number 20-0581438	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent MORELLI, JAMES 351 EDGE AVE. VALPARAISO, FL 32580			7. Name and Address of New Registered Agent Name: Bruce Muest Street Address (P.O. Box Number is Not Acceptable): 1119 46th st City: Niceville FL Zip Code: 32578		
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: <u>Brian Muest</u> DATE: <u>1-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE: DIR. NAME: MORELLI, JAMES STREET ADDRESS: 351 EDGE AVE. CITY-ST-ZIP: VALPARAISO, FL 32580	<input type="checkbox"/> Delete				
TITLE: VP NAME: REYNOLDS, BRIAN STREET ADDRESS: 200 COUNTRY CLUB RD CITY-ST-ZIP: SHALIMAR, FL 32579	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE: VP NAME: BRUCE MUEST STREET ADDRESS: 1119 46th st CITY-ST-ZIP: niceville, FLORIDA 32578					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Brian Muest</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>1-12-06</u> DAYTIME PHONE: <u>850-678-1382</u>	


2006 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40006658




01092006 Chg-P CR2E034 (11/05)

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4. FEI Number 20-0581438		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORELLI, JAMES 351 EDGE AVE. VALPARAISO, FL 32580		7. Name and Address of New Registered Agent Name Brian Reynolds Street Address (P.O. Box Number Is Not Acceptable) 95 Brian Lane City Freeport FL Zip Code 32439	
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 <u>Brian Reynolds</u> P (NOTE: Registered Agent signature required when reinstating) DATE 1/12/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. MORELLI, JAMES 351 EDGE AVE. VALPARAISO, FL 32580 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIAN REYNOLDS 95 BRIAN LANE FREEPORT FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, BRIAN 200 COUNTRY CLUB RD SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: <u>Brian Reynolds</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 1/12/06 DAYTIME PHONE: 978-3785	

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40006656

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City & State Freeport Florida Zip 32439 Country U.S.		City & State Freeport Florida Zip 32439 Country U.S.		4. FEI Number 20-0581438	
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6. Name and Address of Current Registered Agent MORELLI, JAMES 351 EDGE AVE. VALPARAISO, FL 32580			7. Name and Address of New Registered Agent Name Bart Morris Street Address (P.O. Box Number is Not Acceptable) 1289 W. Bayshore DR City Valparaiso FL Zip Code 32580		
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 Bart Morris DATE 1-12-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. MORELLI, JAMES 351 EDGE AVE. VALPARAISO, FL 32580	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bart Morris 1289 W. Bayshore DR. Valparaiso, Florida 32580	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOLDS, BRIAN 200 COUNTRY CLUB RD SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Bart Morris <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-12-06 Daytime Phone # 729-7374		