2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04000001581

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

WATERPROOFING COMPANY OF N.W. FLORIDA, INC.					01-26-2006 90041 019 ***150.00			
Principal Place -351 EDGE A VALPARAISO		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 Suite, Apt. #, etc.			lane	:		5500 B190 BEIN BEIN ÞE		
City & Stat		Free port Florida			4. FEI Numbe 20-058			pplied For
3a430	Country	32439	Country V.5.			of Status Desired	\$8.75 Ad Fee Require	ot Applicable ditional ed .
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name CUCL WUST Street Address (P.O. Box Number is Not Acceptable) VALPARAISO, FL 32580								
City					tle		FL 3882	8F &
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 Signature, typod or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME	MORELLI, JAMES	☐ Delete	TITLE NAME	VP	ce my	act	☐ Change	Addition
STREET ADDRESS	351 EDGE AVE.		STREET ADDRESS	1119	46th :			
CITY-ST-ZIP	VALPARAISO, FL 32580 VP		CITY-ST-ZIP	nice	ville F	FIDEIDA :	3 2578	
NAME	REYNOLDS, BRIAN	☐ Delete	TITLE NAME				☐ Change	Addition .
STREET ADDRESS	200 COUNTRY CLUB RD		STREET ADDRESS					İ
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
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TIFLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
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TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
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CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>	CITY-ST-ZIP					
NAME		Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					İ
CITY-ST-ZIP	ortifu that the info-		CITY-ST-ZIP			·		
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								
SIGNATURE: 1-12-06 850-678-1387								1200
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR			Date	Davime Phone #	<u> </u>

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400001581 ATTACHMENT 40006658 WATERPROOFING COMPANY OF N.W. FLORIDA, INC. Principal Place of Business Mailing Address 351 EDGE AVE. 351 EDGE AVE. VALPARAISO, FL 32580 VALPARAISO, FL 32580 115 2. Principal Place of Business 3. Mailing Address Brian 95 Brian 95 Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For ree oor Florida reepor 20-0581438 Florida Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Keynolds 2മാമമ MORELLI, JAMES Street Address (P.O. Box Number Is Not Acceptable) 351 EDGE AVE. VALPARAISO, FL 32580 lane Zip Code 32432 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 000 onalure, typed or printed ner ont and title it applicable (NOTE: Registered Agent signature recurred when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DIR. Delete TITLE Change ☐ Addition BRIAN REYNOLOS NAME. MORELLI, JAMES NAME STREET ADDRESS 351 EDGE AVE. 95 BEIAN LANC STREET ADDRESS CITY-ST-ZIP VALPARAISO, FL 32580 CITY-ST- 7P FREDORT FI 32439 VP TITLE ☐ Delete TITLE **Addition** REYNOLDS, BRIAN NAME NAME STREET ADDRESS 200 COUNTRY CLUB RD STREET ADDRESS CITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP TITLE Delete TITLE Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MILE Defete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000001581 WATERPROOFING COMPANY OF N.W. FLORIDA, INC. 40006656 Mailing Address Principal Place of Business 351 EDGE AVE. 351 EDGE AVE. VALPARAISO, FL 32580 VALPARAISO, FL 32580 US 2. Principal Place of Business 3. Mailing Address 95 BOAD **ชกิดก** ane lane Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01092006 Chg-P Applied For 4. FEI Number City & State City & State 20-0581438 Not Applicable Florid treeport Fillod FIDEIDA \$8.75 Additional Country . C 5. Certificate of Status Desired Fee Required 324 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS MORELLI, JAMES Street Address (P.O. Box Number is Not Acceptable) 351 EDGE AVE. VALPARAISO, FL 32580 1). Bourshore city Valparaiso 3385 80 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 1-12-06 M.ows (NOTE: Registered Agent signature required when reinstating) sture, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DIR. Delete TITLE TITLE Bart Morris MORELLI, JAMES NAME NAME 1289 N. Bayshore reliparaiso, closida STREET ADDRESS 351 EDGE AVE. STREET ADDRESS 37580 CITY-ST-ZIP CITY-ST-ZIP VALPARAISO, FL 32580 VΡ Delete TITLE ☐ Change ■ Addition TITLE REYNOLDS, BRIAN NAME NAME 200 COUNTRY CLUB RD STREET ADDRESS STREET ADDRESS SHALIMAR, FL 32579 CITY-ST-ZIP CITY-ST-7/P TITLE Спапре ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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:

ATTACHMENT