

# '2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90089 038 \*\*\*150.00

**DOCUMENT # P04000001581**

1. Entity Name  
**WATERPROOFING COMPANY OF N.W. FLORIDA, INC.**



Principal Place of Business  
**95 BRIAN AVE.  
FREEPORT, FL 32439 US**

Mailing Address  
**95 BRIAN AVE.  
FREEPORT, FL 32439 US**

40072000

2. Principal Place of Business - No P.O. Box #  
**1289 N. Bayshore Dr.**

3. Mailing Address  
**1289 N. Bayshore Dr.**

City & State  
**Valparaiso FL**

City & State  
**Valparaiso FL**

04182007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-0581438**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUCE, MYEST  
119 46TH ST.  
NICEVILLE, FL 32578**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **Brian Reynolds President** **4/18/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DIR.** ☒ Delete  
NAME **MORELLI, JAMES**  
STREET ADDRESS **351 EDGE AVE.**  
CITY - ST - ZIP **VALPARAISO, FL 32580**

TITLE **VP** ☐ Delete  
NAME **REYNOLDS, BRIAN**  
STREET ADDRESS **200 COUNTRY CLUB RD**  
CITY - ST - ZIP **SHALIMAR, FL 32579**

TITLE **VP** ☒ Delete  
NAME **BRUCE, MYEST**  
STREET ADDRESS **1119 46TH ST.**  
CITY - ST - ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Brian Reynolds**  
STREET ADDRESS **1289 N. Bayshore Dr.**  
CITY - ST - ZIP **Valparaiso, FL 32580**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brian Reynolds**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/07** **978-3785**  
Date Daytime Phone #