2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000017967

1. Entity Name

PRESSURE POINT WATERPROOFING INC.



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

11922 SE 225TH DR. HAWTHORNE, FL 32640 Mailing Address

11922 SE 225TH DR. HAWTHORNE, FL 32640



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 04152007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

HARRIS, RUSSELL E SR.

11922 SE 225TH DR GAINESVILLE FL, FL 32640

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			_		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNE HARRIS, RUSSELL E 11922 SE 225TH DRIVE HAWTHORNE, FL 32640					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•
TITLE						
NAME						,
STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
						-
NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						U00000721928 05/02/07-80011-017 150.00
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP					tained to Obsert - 44	O Florido Chatatan I frushon postifu that the information
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 exempted this eport 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.						

OF SIGNING OFFICER OR DIRECTOR