## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000021126

1722 BIRMINGHAM AVE

HOLLY HILL, FL 32117

1722 BIRMINGHAM AVE

HOLLY HILL, FL 32117

GORDON, KERRI

(X) Delete

SEC

Address:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

FILED Jan 28, 2005 Secretary of State

Entity Name: THERMO FLEX WATERPROOFING & COATINGS INC. **Current Principal Place of Business: New Principal Place of Business:** 133 MARLIN DRIVE ORMOND BEACH, FL 32176 **Current Mailing Address: New Mailing Address:** 133 MARLIN DRIVE ORMOND BEACH, FL 32176 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUBOIS, DORSE H 2874 CROOKED LAKE DRIVE EUSTIS, FL 32726 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change ( ) Addition () Delete Title: POTTS, BUFFIE J DUBOIS, DORSE Name: Name: 133 MARLIN DRIVE 2874 CROOKED LAKE DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: EUSTIS, FL 32726 Title: VΡ Title: (X) Change ( ) Addition () Delete Name: DUBOIS, DORSE H Name: BENSON, MIKE 2874 CROOKED LAKE DRIVE 146 10TH STREET Address: Address: HOLLY HILL, FL 32118 City-St-Zip: EUSTIS, FL 32726 City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: TRES Title: GORDON, KERRI BOWLER, KEITH Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

2399 ORANGE STREET

() Change () Addition

BUNNELL, FL 32110

Ρ SIGNATURE: DORSE DUBOIS 01/28/2005