## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000004940

Entity Name: KREATIVE IMAGE WATERPROOFING INC

**FILED** Mar 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8701 PHILLIPS HWY 4445 SUNBEAM RD

JACKSONVILLE, FL 32257 102 JACKSONVILLE, FL 32256

**New Mailing Address: Current Mailing Address:** 

PO BOX 600571 JACKSONVILLE, FL 32260

FEI Number: 20-4054291 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAEDER, TIMOTHY M MAEDER, TIMOTHY M 4445 SUNBEAM RD 8701 PHILLIPS HWY JACKSONVILLE, FL 32257 US

JACKSONVILLE, FL 32256 US

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: 03/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete (X) Change ( ) Addition MAEDER, JANICE F MAEDER, JANICE F Name: Name: 8701 PHILLIPS HWY STE 102 4445 SUNBEAM RD Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition Name: MAEDER, TIMOTHY M Name: MAEDER, TIMOTHY M

8701 PHILLIPS HWY STE 102 Address: 4445 SUNBEAM RD Address: JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: TIMOTHY M MAEDER V.P. 03/08/2009