

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 005 ***150.00

DOCUMENT # P06000022406

1. Entity Name
FLOOD PRO'S, INC.



Principal Place of Business
2915 S. US 1
FT. PIERCE, FL 34982 US

Mailing Address
2915 S. US 1
FT. PIERCE, FL 34982 US

40021672



2. Principal Place of Business - No P.O. Box #
1733 NE 3RD AVE.
Suite, Apt. #, etc.

3. Mailing Address
1733 NE 3rd AVE
Suite, Apt. #, etc.

02152007 Chg-P CR2E034 (12/06)

City & State
CAPE CORAL FL
Zip
33909
Country
USA

City & State
CAPE CORAL FL
Zip
33909
Country
USA

4. FEI Number
20 5550570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAINS, CYNDI
2915 S. US 1
FT. PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name
BARRETT LANGBAUER
Street Address (P.O. Box Number is Not Acceptable)
1733 NE 3rd AVE
City
CAPE CORAL FL Zip Code
33909

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 *X B. Langbauer*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

X 02/15/07
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 NAME STREET ADDRESS CITY-ST-ZIP	P RAINS, HYMAN A 2915 S. US 1 FT. PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIVINGSTON, SCOTT 5988 SONNET COURT N. FT. MYERS, FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RAINS, CYNDI 2915 S. US 1 FT. PIERCE, FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LANGBAUER, BARRY 1733 NE 3RD AVE. CAPE CORAL, FL 33909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREAS SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X B. Langbauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 02/15/07
Date

X 239-887-1907
Daytime Phone #