


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90013 033 ***150.00

DOCUMENT # P06000066646

1. Entity Name
DANIEL'S WATERPROOFING & CAULKING, INC.



Principal Place of Business
**5600 N FLAGLER DR APT 407
WEST PALM BEACH, FL 33407**

Mailing Address
**5600 N FLAGLER DR APT 407
WEST PALM BEACH, FL 33407**

2. Principal Place of Business - No P.O. Box #
5600 N Flagler
Suite, Apt. #, etc.
407

3. Mailing Address
5600 N Flagler
Suite, Apt. #, etc.
407

City & State
West Palm Beach

City & State
West Palm Beach

Zip
33407 Country
Palm Beach

Zip
33407 Country
Palm Beach

4002000



02152007 Chg-P CR2E034 (12/06)

4. FEI Number
204752704

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OLIVER, JEREMIAH D
5600 N FLAGLER DR APT 407
WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name
Jeremiah Daniel Oliver

Street Address (P.O. Box Number is Not Acceptable)
5600 N Flagler West Palm Beach

Apt 407

City
West Palm Beach FL Zip Code
33407

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVER, JEREMIAH D 5600 N FLAGLER DR APT 407 WEST PALM BEACH, FL 33407	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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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 copy prepared.

SIGNATURE: **Jeremiah Daniel Oliver** **5/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/07 **1130**