

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067784

FILED
Mar 19, 2008
Secretary of State

Entity Name: DAVIES CAULKING & WATERPROOFING, INC.

Current Principal Place of Business:

17149 93RD ROAD NORTH
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1494
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 65-0450655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, SANDRA J
17149 93RD ROAD N.
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: DAVIES, WILLIAM
Address: 17149 93RD ROAD, NORTH
City-St-Zip: LOXAHATCHEE, FL

Title: ST () Delete
Name: DAVIES, SANDRA J.
Address: 17149 93RD ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIES, WILLIAM
Address: 17149 93RD ROAD, NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
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: SANDRA J DAVIES

SECR

03/19/2008

Electronic Signature of Signing Officer or Director

_____ Date