

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067861

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** WATERPROOF CHARTERS, INC.

**Current Principal Place of Business:**

86 RAINS COURT  
PONCE INLET, FL 32127

**New Principal Place of Business:**

4950 SOUTH PENINSULA DR  
PONCE INLET, FL 32127

**Current Mailing Address:**

86 RAINS COURT  
PONCE INLET, FL 32127

**New Mailing Address:**

1940 HL AINSLEY DRIVE  
PORT ORANGE, FL 32128

**FEI Number:** 59-3217519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARRETT, LISA P  
86 RAINS COURT  
PONCE INLET, FL 32127 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GARRETT, TIMOTHY M  
Address: 86 RAINS COURT  
City-St-Zip: PONCE INLET, FL 32127

Title: VP  
Name: GARRETT, LISA P  
Address: 86 RAINS COURT  
City-St-Zip: PONCE INLET, FL 32127

Title: SECR  
Name: GARRETT, LISA P  
Address: 86 RAINS COURT  
City-St-Zip: PONCE INLET, FL 32127

Title: TREA  
Name: GARRETT, LISA P  
Address: 86 RAINS COURT  
City-St-Zip: PONCE INLET, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: LISA P GARRETT

VP

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date