

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000017440 1. Entity Name FULL PHASE WATERPROOFING SERVICES, INC.	
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Principal Place of Business 5501 28TH STREET NORTH SUITE #7 ST PETERSBURG, FL 33714	Mailing Address 5501 28TH STREET NORTH SUITE #7 ST PETERSBURG, FL 33714
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01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3233554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BODENBENDER, ERHICK 5501 28TH STREET NORTH SUITE 44 ST PETERSBURG, FL 33714
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BODENBENDER, ERHICK V 5501 28TH STREET NORTH SUITE 7 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BODENBENDER, THOMAS A 5501 28TH STREET NORTH SUITE 7 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BODENBENDER, KERRI R 5501 28TH STREET NORTH SUITE 7 SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/22/04-80001-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kerri Bodenbender* **Kerri Bodenbender** **Treasurer - Secretary** **1-20-04** **525-1980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #