

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017420

Entity Name: WATERBORNE, INC.

FILED  
Aug 13, 2009  
Secretary of State

## Current Principal Place of Business:

5340 ALLIGATOR LAKE ROAD  
ST. CLOUD, FL 34772 US

## New Principal Place of Business:

588 NW PICKLE LANE  
MADISON, FL 32340 US

## Current Mailing Address:

5340 ALLIGATOR LAKE ROAD  
ST. CLOUD, FL 34772 US

## New Mailing Address:

588 NW PICKLE LANE  
MADISON, FL 32340 US

FEI Number: 59-3297151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRUMMOND, CAROL A SD  
5340 ALLIGATOR LAKE ROAD  
ST. CLOUD, FL 34772 US

## Name and Address of New Registered Agent:

DRUMMOND, CAROL A SD  
588 NW PICKLE LANE  
MADISON, FL 32340 US

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:

08/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DRUMMOND, DONALD A  
Address: 5340 ALLIGATOR LAKE ROAD  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: SD ( ) Delete  
Name: DRUMMOND, CAROL A  
Address: 5340 ALLIGATOR LAKE ROAD  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: VC ( ) Delete  
Name: DRUMMOND, CAROL A  
Address: 5340 ALLIGATOR LAKE ROAD  
City-St-Zip: ST. CLOUD, FL 34772 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DRUMMOND, DONALD A  
Address: 588 NW PICKLE LANE  
City-St-Zip: MADISON, FL 32340 US

Title: SD (X) Change ( ) Addition  
Name: DRUMMOND, CAROL A  
Address: 588 NW PICKLE LANE  
City-St-Zip: MADISON, FL 32340 US

Title: VC (X) Change ( ) Addition  
Name: DRUMMOND, CAROL A  
Address: 588 NW PICKLE LANE  
City-St-Zip: MADISON, FL 32340 US

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: CAROL DRUMMOND

VC

08/13/2009

Electronic Signature of Signing Officer or Director

Date