

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000009145

1. Entity Name
SUPERIOR COATINGS & WATERPROOFING, INC.



Principal Place of Business
**5005 CABBAGE PALM ST
COCOA, FL 32927 US**

Mailing Address
**5005 CABBAGE PALM ST
COCOA, FL 32927 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3358592

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WARD, VICTORIA L
5005 CABBAGE PALM ST
COCOA, FL 32927**

**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 _____

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when changing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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
**DPT
WARD, JOSEPH T
5005 CABBAGE PALM ST
COCOA, FL 32927**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DV
COFFEY, JEFFREY L
1135 PINE ISLAND
MERRITT ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**S
WARD, VICTORIA L
5005 CABBAGE PALM ST
COCOA, FL 32927**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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04/07/05-80010-021 150.00

**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 I be empowered.

SIGNATURE: Victoria L. Ward, Victoria L. Ward, Corp. Sec. 4/1/05 321-504-4425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR