

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000032458

1. Entity Name
**AMERICAN WATERPROOFING CO. OF NORTH FLORIDA,
INC.**



Principal Place of Business
**1841 WRIGHT AVE
JACKSONVILLE, FL 32207**

Mailing Address
**1841 WRIGHT AVENUE
JACKSONVILLE, FL 32207 US**



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3384060** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNDON, ROBERT D
12504 ASH HARBOR DRIVE
JACKSONVILLE, FL 32224**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HERNDON, ROBERT D**
STREET ADDRESS **12504 ASH HARBOR DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **V**
NAME **HERNDON, ROBERT**
STREET ADDRESS **12504 ASH HARBOR DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **S**
NAME **HERNDON, ROBERT**
STREET ADDRESS **12504 ASH HARBOR DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000465835
03/22/06-80050-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and all other like empowered.

SIGNATURE: **ROBERT HERNDON** **3-8-06** **904 346 0661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #