

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032458

FILED  
Apr 07, 2010  
Secretary of State

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

**Current Principal Place of Business:**

4333 ST. AUGUSTINE ROAD  
SUITE 10  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4333 ST. AUGUSTINE ROAD  
SUITE 10  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3384060      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AMERICAN WATERPROOFING OF NORTH FLORIDA  
4333 ST. AUGUSTINE ROAD  
SUITE 10  
JACKSONVILLE, FL 32207 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HERNDON, ROBERT D  
Address: 4333 ST. AUGUSTINE ROAD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V  
Name: HERNDON, ROBERT  
Address: 4333 ST. AUGUSTINE ROAD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S  
Name: HERNDON, ROBERT  
Address: 4333 ST. AUGUSTINE ROAD, SUITE 10  
City-St-Zip: JACKSONVILLE, FL 32207

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: ROBERT D. HERNDON

P

04/07/2010

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

\_\_\_\_\_ Date