


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000024825</b>	
1. Entity Name <b>DUPRE RESTORATION WATERPROOFING CONTRACTORS, INC.</b>	

Principal Place of Business <b>8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919</b>	Mailing Address <b>8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919</b>
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03182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0747849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CARTER, WILLIAM N 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919</b>
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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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000337310 04/27/05-80162-009 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARTER, WILLIAM N JR 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHINKE, DAN 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, ROBERT A 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919
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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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:** William N. Carter Jr. President 4/22/05 239-482-6630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #