

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90514 018 ***150.00

DOCUMENT # P97000056617

1: Entity Name
WEATHERGUARD CAULKING AND COATINGS CO.



Principal Place of Business

**1200 NE 92ND STREET
MIAMI SHORES, FL 33138**

Mailing Address

**1200 NE 92ND STREET
MIAMI SHORES, FL 33138**

2. Principal Place of Business

9900 N.E. 13 AVE

3. Mailing Address

9900 N.E. 13 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

Zip

33138

Country

DADE

Zip

33138

Country

DADE

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0777800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIELSEN, TODD ANTHONY
1200 NE 92 ST
MIAMI SHORES, FL 33138**

7. Name and Address of New Registered Agent

Name **NIELSEN, TODD ANTHONY**

Street Address (P.O. Box Number is Not Acceptable)

9900 N.E. 13 AVE

City **MIAMI SHORES**

FL

Zip Code **33138**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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** ☐ Delete
NAME **NIELSEN, TODD**
STREET ADDRESS **1200 NE 92 ST**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **NIELSEN, TODD ANTHONY**
STREET ADDRESS **9900 NE 13 AVE**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

(305) 762-7517

Daytime Phone #