

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90212 023 \*\*\*150.00

**DOCUMENT # P97000082640**

1. Entity Name

**B & B PAINTING AND WATERPROOFING, INC.**



Principal Place of Business

2795 SE 1ST CT  
#7  
POMPANO BEACH FL 33062

Mailing Address

C/O W.J. TREMBLAY P.A.  
1801 S. FEDERAL HWY. STE#219  
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

*C/O W.J. TREMBLAY*  
*1801 S. FEDERAL HWY STE #219*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*DELRAY BEACH, FL.*

Zip

Country

Zip

Country

*33483*

*USA*

4. FEI Number

**65-0784245**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TREMBLAY, W J**  
**1801 S FEDERAL HIGHWAY**  
**STE 219**  
**DELRAY BEACH FL 33483**

Name

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

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
BRESNAHAN, TIMOTHY J  
2795 SE 1ST COURT APT 7  
POMPANO BEACH FL 33062 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
BRESNAHAN, JOHN P  
2795 S.E. 1ST COURT APT 7  
POMPANO BEACH FL 33062 ☒ Delete

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-20-04* *783-2979*

**24069328**



MOORE

CR2E034 (11/03)