

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90007 014 ***550.00

DOCUMENT # P98000012916

1. Entity Name
THUNDER BAY WATERPROOFING, INC.



Principal Place of Business
**27837 US HWY 19 N
F
CLEARWATER, FL 33761 US**

Mailing Address
**27837 US HWY 19 N
F
CLEARWATER, FL 33761 US**

44046687



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3488842

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RABB, HARRY H CPA
935 MAIN STREET
SUITE D-1
SAFETY HARBOR, FL 34695**

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 \$550.00
Due by September 8, 2004**

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
**DP
BARBER, CHARLES R
27837 US HWY 19 N
CLEARWATER, FL 33761**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Stone, James E
27837 US HWY 19 N
Clearwater, FL 33761**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SESSIONS, J. LOGAN
27837 US HWY 19 N
CLEARWATER, FL 33761**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ 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:

Charles R Barber **Charles R Barber**

7-1-04

Date

727-469-4423

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR