

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085482

FILED
Jan 10, 2007
Secretary of State

Entity Name: W.I.T. CAULKING & RESTORATION INC.

Current Principal Place of Business:

6839 NARCOOSSEE RD.
SUITE # 40
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

6839 NARCOOSSEE RD.
SUITE # 40
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 59-3602182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATON, JAMES A
10655 JANE EYRE DRIVE
ORLANDO, FL 32825 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: PTSD () Delete
Name: CATON, JAMES A
Address: 10655 JANE EYRE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: CHANEY, CHRISTOPHER L
Address: 1502 HARVARD DR
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES A. CATON

PTSD

01/10/2007

Electronic Signature of Signing Officer or Director

Date