

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 313048		
1. Entity Name PAUL DAVIS RESTORATION, INC.		
Principal Place of Business 1 INDEPENDENT DR 2300 JACKSONVILLE, FL 32202 US	Mailing Address 1 INDEPENDENT DR 2300 JACKSONVILLE, FL 32202 US	



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1163122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

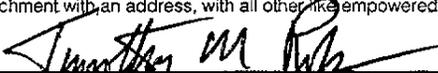
1100000240322
 02/23/05-80026-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNICK, JAY S
STREET ADDRESS	1140 BAY STREET, SUITE 4000
CITY-ST-ZIP	TORONTO, ONT CANADA, ON m5s 2b4
TITLE	CFOT
NAME	ROBINSON, TIM
STREET ADDRESS	1 INDEPENDENT DR., STE. 2300
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PCEO
NAME	BAKER, SCOTT
STREET ADDRESS	1 INDEPENDENT DR., STE. 2300
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	CLEMENTS, PAUL
STREET ADDRESS	5397 EGLINTON AVE WEST, STE. 108
CITY-ST-ZIP	ETOBICOKE, ONT CANADA, ON m9c 5k6
TITLE	D
NAME	ROGERS, STEVEN S
STREET ADDRESS	5397 EGLINTON AVENUE WEST, STE 108
CITY-ST-ZIP	ETOBICOKE, ON., m9c sk9
TITLE	AT
NAME	COOKE, DOUGLAS G
STREET ADDRESS	1140 BAY STREET, STE 4000
CITY-ST-ZIP	TORONTO, ON., m5s 2b4

DO NOT WRITE IN THIS SPACE

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05
 Date
 904-737-2779
 Daytime Phone #