

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 313048

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: PAUL DAVIS RESTORATION, INC.

**Current Principal Place of Business:**

1 INDEPENDENT DR  
2300  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 INDEPENDENT DR  
2300  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

FEI Number: 59-1163122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: D ( ) Delete  
Name: KENNICK, JAY S  
Address: 1140 BAY STREET, SUITE 4000  
City-St-Zip: TORONTO, ONT CANADA, ON M5S 2B4 CA

Title: CFOT ( ) Delete  
Name: ROBINSON, TIM  
Address: 1 INDEPENDENT DR., STE. 2300  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: PCEO ( ) Delete  
Name: BAKER, SCOTT  
Address: 1 INDEPENDENT DR., STE. 2300  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S ( ) Delete  
Name: CLEMENTS, PAUL  
Address: 5397 EGLINTON AVE WEST, STE. 108  
City-St-Zip: ETOBICOKE, ONT CANADA, ON M9C 5K6 CA

Title: D ( ) Delete  
Name: ROGERS, STEVEN S  
Address: 5397 EGLINTON AVENUE WEST, STE 108  
City-St-Zip: ETOBICOKE, ON., M9C SK9

Title: AT ( ) Delete  
Name: COOKE, DOUGLAS G  
Address: 1140 BAY STREET, STE 4000  
City-St-Zip: TORONTO, ON., M5S 2B4

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HENNICK, JAY S  
Address: 1140 BAY STREET, SUITE 4000  
City-St-Zip: TORONTO, ONT CANADA, ON M5S 2B4 CA

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

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

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

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: TIMOTHY M. ROBINSON

CFO

01/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date