

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006912

FILED
Apr 30, 2010
Secretary of State

Entity Name: HOUSE OF RESTORATION AND RECOVERY, INC.

Current Principal Place of Business:

437 SERUB JAY DR.
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

437 SCRUB JAY DR.
ST. AUGUSTINE, FL 32092

Current Mailing Address:

437 SERUB JAY DR.
ST. AUGUSTINE, FL 32092

New Mailing Address:

437 SCRUB JAY DR.
ST. AUGUSTINE, FL 32092

FEI Number: 27-0373551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, LABAN
437 SERUB JAY DR.
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

DOYLE, LABAN
437 SCRUB JAY DR.
ST. AUGUSTINE, FL 32092 US

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:

04/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: DOYLE, LABAN
Address: 437 SCRUB JAY DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D
Name: CONNOR, PATRICK
Address: 765 MEDINA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D
Name: CONNOR, AMY
Address: 765 MEDINA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D
Name: DOYLE, ASHLEY
Address: 437 SCRUB JAY DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LABAN DOYLE

D

04/30/2010

Electronic Signature of Signing Officer or Director

Date