2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 03, 2005 8:00 am **DOCUMENT # P01000078451 Secretary of State** 06-03-2005 90004 010 ***150.00 DAVE'S DELUXE RESTORATIVE SERVICES, INC. Principal Place of Business Mailing Address 900 16TH STREET NORTH 900 16TH STREET NORTH 50053390 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 05312005 Chg-P City & State 4. FEI Number Applied For City & State 59-3755248 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWANEY, DAVID G Street Address (P.O. Box Number is Not Acceptable) 900 16TH STREET NORTH JACKSONVILLE BEACH, FL 32250 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, **PSTD** ☐ Addition TITLE ☐ Delete TITLE ☐ Change SWANEY, DAVID G NAME NAME STREET ADDRESS 900 16TH STREET NORTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS V.P. Debra Swaney Delete Same as above — 3225 900 lbts St. No. Jacksonville Boh CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition NAME 32250 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

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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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _			
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #