

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000985

**Entity Name:** SE RESTORATION, INC.

**Current Principal Place of Business:**

291 WINTER RIDGE BLVD  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

PO BOX 1918  
WINTER HAVEN, FL 33883 19

**FEI Number:** 27-4709817

**Certificate of Status Desired:** No

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

ISAAC-NAPPER, PAULETTE  
291 WINTER RIDGE BLVD  
WINTER HAVEN, FL 33881 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DIR  
Name            ISAAC-NAPPER, PAULETTE  
Address        291 WINTER RIDGE BLVD  
City-State-Zip: WINTER HAVEN FL 33883

Title            DIR  
Name            NAPPER, TOMEKA  
Address        291 WINTER RIDGE BLVD  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIR  
Name            WATSON, RENEE  
Address        16440 NW 20 AVE  
City-State-Zip: OPA LOCKA FL 33054

*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:** PAULETTE ISAAC-NAPPER

**DIRECTOR**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date