

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002959

**Entity Name:** COMP CAP RESTORATIONS, INC.

**Current Principal Place of Business:**

2167 BLACKBIRD DR  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 1166  
APOPKA, FL 32704 US

**FEI Number: 81-0770620**

**Certificate of Status Desired: No**

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

WALKER, MILLICENT E  
2167 BLACKBRID DR  
APOPKA, FL 32703 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 DCCEO  
Name WALKER, MILLICENT E  
Address P.O. BOX 1166  
City-State-Zip: APOPKA FL 32704

Title D  
Name WALKER, CHERYL L  
Address 2167 BLACKBIRD DR  
City-State-Zip: APOPKA FL 32703

Title S  
Name COUNTS, JESSICA E  
Address P.O. BOX 1166  
City-State-Zip: APOPKA FL 32704

Title TCFO  
Name JOHNSON, BYRON V  
Address 2167 BLACKBIRD DR  
City-State-Zip: APOPKA FL 32703

Title D  
Name JEMISON, ANTHONY J DR.  
Address P.O. BOX 1166  
City-State-Zip: APOPKA FL 32704

Title D  
Name WALKER, PAUL L. II  
Address P.O. BOX 1166  
City-State-Zip: APOPKA FL 32704

*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: MILLICENT E. WALKER**

**CEO**

**04/29/2019**

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

\_\_\_\_\_  
Date