

2017 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

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date