

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078451

**Entity Name:** DAVE'S DELUXE RESTORATIVE SERVICES, INC.

**Current Principal Place of Business:**

900 16TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

900 16TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250

**FEI Number: 59-3755248**

**Certificate of Status Desired: No**

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

SWANEY, DAVID G  
900 16TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250 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 PSTD  
Name SWANEY, DAVID G  
Address 900 16TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title V  
Name SWANEY, DEBRA  
Address 900 16TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

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

**SIGNATURE: DAVID G SWANEY**

**CEO**

**04/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date