

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000060917

**Entity Name:** FMW RESTORATION INC.

**Current Principal Place of Business:**

P.O.BOX 5691

LIGHTHOUSE POINT, FL 33074

**Current Mailing Address:**

P O BOX 5691

LIGHTHOUSE POINT, FL 33074

**FEI Number:** 46-0622986

**Certificate of Status Desired:** No

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

COLEMAN, BRAD

2430 N.E. 48TH CT.

LIGHTHOUSE POINT, FL 33064 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 PD

Name COLEMAN, BRAD

Address P.O.BOX 51668

City-State-Zip: LIGHTHOUSE POINT FL 33074

Title VPD

Name SOOS, ISTVAN

Address P.O.BOX 5691

City-State-Zip: LIGHTHOUSE POINT FL 33074

Title S

Name SUMMERS, DOUG

Address P.O.BOX 5691

City-State-Zip: LIGHTHOUSE POINT FL 33074

*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:** BRAD COLEMAN

**PRESIDENT**

**01/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date