## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 05, 2005 8:00 am Secretary of State **DOCUMENT # F03000002804** 05-05-2005 90092 019 \*\*\*155.00 PROFESSIONAL CONSTRUCTION AND RESTORATION INC. Principal Place of Business Mailing Address 250 N BANANA RIVER DRIVE 250 N BANANA RIVER DRIVE MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business N. COLOA Suite, Apt. #, etc. Suite, Apt. #, etc 05022005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number 91-2090964 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Bre<u>varc</u> revard Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PROPST, ANDREW L Street Address (P.O. Box Number is Not Acceptable) 250 N BANANA RIVER DRIVE MERRITT ISLAND, FL 32952 City Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **CPST** ☐ Change Addition TITLE ☐ Delete TITLE NAME PROPST, ANDREW L NAME STREET ADDRESS 1610 PELICAN DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY+ST-78P ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if 321

**FILED**