2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006645

1. Entity Name
DIVERSIFIED RESTORATION ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6002 KEENER RD. CLINTON, NC 28329	P.O. BOX 132 CLINTON, NC 28329

07202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2201868
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, AARON F
8763 PISA DR. APT. 527
ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, if applicable, and typed or printed name of registered agent and title if applicable. (FLDTL Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	URIBE, WILLIAM D
STREET ADDRESS	200 MELVABROOK DRIVE
CITY-ST-ZIP	CLINTON, NC 28328
TITLE	V
NAME	WEST, FRANK L
STREET ADDRESS	7209 TREVORWOOD DRIVE
CITY-ST-ZIP	WILLOW SPRING, NC 27509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000378239
09/13/05-80001-004 150.00

100000378239
09/13/05-80001-005 8.75

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William D Uribe 9/12/05 (910) 990-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #