

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004197

FILED
Jan 11, 2007
Secretary of State

Entity Name: RESTORATION HOME INC.

Current Principal Place of Business:

1313 E. 11TH ST.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1313 E. 11TH ST.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 06-1704937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, BRIAN K
1313 E. 11TH ST.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HIGHTOWER, BRIAN K
Address: 1313 E. 11TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: SHOOTTS, DONNA
Address: 5402 WHITNEY DR
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: HIGHTOWER, CARLA E
Address: 1313 E. 11TH ST.
City-St-Zip: PANAMA CITY, FL 32466

Title: D () Delete
Name: STRICKLAND, BRIAN
Address: 5612 THELMA AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: LISEBY, JAN
Address: 5703 TITUS RD
City-St-Zip: PANAMA CITY, FL 32404

Title: VDS () Delete
Name: HIGHTOWER, CARLA E
Address: 1313 E. 11TH ST.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHOOTTS, DONNA
Address: 2708 MINNISOTA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLA HIGHTOWER

VDS

01/11/2007

Electronic Signature of Signing Officer or Director

Date