## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004197

Entity Name: RESTORATION HOME INC.

FILED Feb 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1313 E. 11TH ST. PANAMA CITY, FL 32401 **Current Mailing Address: New Mailing Address:** 1313 E. 11TH ST PANAMA CITY, FL 32401 FEI Number: 06-1704937 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIGHTOWER, BRIAN K 1313 E. 11TH ST PANAMA CITY, FL 32401 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD () Change () Addition () Delete HIGHTOWER, BRIAN K Name: Name: 1313 E. 11TH ST. Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: () Delete Title: () Change () Addition SHOOTS, DONNA Name: Name: Address: 2708 MINNISOTA AVE. Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: () Delete Title: () Change () Addition HIGHTOWER, CARLA E Name: Name: Address: 1313 E. 11TH ST. Address: City-St-Zip: PANAMA CITY, FL 32466 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: STRICKLAND, BRIAN Name: PATRICK, CUMMINGS 5425 ARROWHEAD BLVD. Address: 5612 THELMA AVE Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: YOUNGSTOWN, FL 32466 Title: () Delete Title: () Change () Addition LISENBY, JAN Name: Name: 5703 TITUS RD Address: Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HIGHTOWER, CARLA E Name: Name: Address: 1313 E. 11TH ST. Address: PANAMA CITY, FL 32401 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 02/07/2008