2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001286

1. Entity Name
PROJECT RESTORATION, INC.

Principal Place of Business	Mailing Address
1498 STAFFORD AVE MERRITT ISLAND, FL 32952	1498 STAFFORD AVE MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

03102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
83-0386633
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARDIROSIAN, KATHY
3702 WINDSOR DR
COCOA, FL 32926

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

Filing Fee is $61.25
Due by May 1, 2006

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

100000478287
04/03/06-80024-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILES, THERESA
STREET ADDRESS	1498 STAFFORD AVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	PD
NAME	MARDIROSIAN, KATHY
STREET ADDRESS	3702 WINDSOR DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	DOXEY, CHERYL
STREET ADDRESS	283 CURRENT DR
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	ROBBINS, TOM
STREET ADDRESS	351 CRESSA CIRCLE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl A Doxey - Secretary CHERYL A. DOXEY (321) 639-8901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #