

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003966

FILED
Apr 29, 2009
Secretary of State

Entity Name: HOUSE OF RESTORATION ORLANDO, INC.

Current Principal Place of Business:

5331 BROKEN PINE CIRCLE
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

5331 BROKEN PINE CIRCLE
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 26-0331747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, BRALAND
221 S. BOYD STREET
WINTER GARDEN, FL 34787 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: P () Delete
Name: SMALL, MARILYN
Address: 5331 BROKEN PINE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: VP () Delete
Name: SMALL, VICTOR
Address: 5331 BROKEN PINE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: T () Delete
Name: HOWELL, CARDIF DR.
Address: 5331 BORKENPINE CIR
City-St-Zip: ORLANDO, FL 32818 US

Title: S () Delete
Name: BRENDA A. FENNELL
Address: 269 N.W. 7TH STREET
City-St-Zip: MIAMI, FL 33136 US

Title: D () Delete
Name: CARDIF HOWELL
Address: 5331 BROKEN PINE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: D () Delete
Name: DAVID BRALAND
Address: 221 S. BOYD STREET
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D (X) Change () Addition
Name: CHENELLE HOWELL
Address: 5331 BROKEN PINE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: () Change () Addition
Name:
Address:
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: VICTOR SMALL

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date