

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002878

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CARMON'S RESTORATION CENTER INC.

**Current Principal Place of Business:**

461 NW ARCHER AVENUE  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

461 NW ARCHER AVENUE  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

461 NW ARCHER AVENUE  
PORT SAINT LUCIE, FL 34983

**FEI Number:** 90-0350709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WORKS, MONICA N  
4480 28TH AVENUE  
VERO BEACH, FL 32967 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: WRIGHT, CARLLEEN A  
Address: 461 NW ARCHER AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TREA ( ) Change (X) Addition  
Name: HARRIS, FRANCIS  
Address: 2636 IROQUOIS AVENUE  
City-St-Zip: FT. PIERCE, FL 34946

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: CARLLEEN WRIGHT

PRES

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date