

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002878

**FILED**  
**Apr 30, 2011**  
**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

**New Mailing Address:**

**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:**

HARRIS, FRANCIS  
2636 IROQUOIS AVENUE  
FORT PIERCE, FL 34946 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: FRANCIS HARRIS

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TREA  
Name: WOODEN, PATRICIA  
Address: 1012 JAMICIA AVENUE  
City-St-Zip: FT. PIERCE, FL 34982

I hereby 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 all other like empowered.

SIGNATURE: CARLLEEN WRIGHT

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date