05-25-2006 90012 030 ****70.00
08-24-2006 90062 006 ****70.00
N49415

FILED
06 AUG 29 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N49415

1. Entity Name
RESTORE ORLANDO, INC.

Principal Place of Business
1030 W KALEY ST
ORLANDO, FL 32805 US

Mailing Address
P.O. BOX 568606
ORLANDO, FL 32856 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

06272006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3136841 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Brian Britton
Street Address (P.O. Box Number is Not Acceptable): 700 Little Hampton Lane
City: Gotha FL Zip Code: 34734

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] 8/17/2006
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 September 6, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	MASON, ALEX M	4617 COURTNEY LEE CT	ORLANDO, FL 32805	☑
PD	PRICE, NATHAN	311 ALTAMONTE COMMERCE BLVD	ALTAMONTE SPRINGS, FL 32714	☑
CD	DEGAILLER, BRIAN	301 RED MULBERRY COURT	LONGWOOD, FL 32779	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CD	Britton, Brian	700 Little Hampton Lane	Gotha, Fla. 34734	☐	☑
TD	Hendrix, James	5704 Stone Run	Oviedo, Fla. 32765	☐	☑
SD	Degailler, Brian	678 Pine Shadow Court	Longwood, Fla. 32779	☑	☐
				☐	☐
				☐	☐
				☐	☐

8/29

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, and all other like empowered.

SIGNATURE: [signature] Aug 17, 2006 407 246-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #