2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State
08-23-2007 90023 003 ****70.00

DOCUMENT # N49415

1. Entity Name
RESTORE ORLANDO, INC.

Principal Place of Business	Mailing Address
1030 W KALEY ST ORLANDO, FL 32805 US	P.O. BOX 568606 ORLANDO, FL 32856 US

08152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

BRITTON, BRIAN
700 LITTLE HAMPTON LANE
GOTHA, FL 34734

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 _____ 8-16-07
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 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BRITTON, BRIAN
STREET ADDRESS	700 LITTLE HAMPTON LANE
CITY-ST-ZIP	GOTHA, FL 34734
TITLE	~~VP~~ ED
NAME	~~HENDRIX-JAMES~~ CAROLYN A BRITTON
STREET ADDRESS	~~6794 STONE RUN~~ 1030 W. KALEY AVE
CITY-ST-ZIP	~~OVIEDO, FL 32765~~ ORLANDO, FL. 32805
TITLE	SD
NAME	DEGAILLER, BRIAN
STREET ADDRESS	678 PINE SHADOW COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Carolyn Allatton 8-14-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8-16-07