

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002615

FILED  
Feb 27, 2004  
Secretary of State

**Entity Name:** SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCHES, INC.

**Current Principal Place of Business:**

CENTRAL FL. RESTORATION BRANCH  
682 MASON AVE.  
APOPKA, FL 327034429 US

**New Principal Place of Business:**

**Current Mailing Address:**

SEAARB  
1516 ROCKWELL HEIGHTS DR.  
DELAND, FL 32724 US

**New Mailing Address:**

**FEI Number:** 59-3318519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILMORE, DANIEL C  
1516 ROCKWELL HEIGHTS DR.  
DELAND, FL 32724 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: D ( ) Delete  
Name: GILMORE, DAN  
Address: 1516 ROCKWELL HEIGHTS DR.  
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete  
Name: KOCHIS, KEITH  
Address: 500 BOSPHORUS AVE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: VERCAMEN, DON SR.  
Address: 8605 BNOIT AVE.  
City-St-Zip: ORLANDA, FL 32836

Title: D ( ) Delete  
Name: CARLITE, DWIGHT  
Address: 2061 KANFORD AD  
City-St-Zip: PORT STLUCIE, FL 34952

Title: PD ( ) Delete  
Name: CAMPBELL, RICHARD  
Address: 116 WAYLAND CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHAD CAMPBELL

PD

02/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date