

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90054 043 ****61.25

DOCUMENT # N95000002615					
1. Entity Name SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCHES, INC.					
Principal Place of Business CENTRAL FL. RESTORATION BRANCH 682 MASON AVE. APOPKA, FL 32703-4429 US			Mailing Address SEAARB 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3318519	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMORE, DANIEL C 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 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 May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME GILMORE, DAN STREET ADDRESS 1516 ROCKWELL HEIGHTS DR. CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE P/D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KOCHIS, KEITH STREET ADDRESS 500 BOSPHORUS AVE CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME VERCAMEN, DON SR. STREET ADDRESS 8605 BNOIT AVE. CITY-ST-ZIP ORLANDA, FL 32836	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS 12602 LEATRICE DR. CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CARLITE, DWIGHT STREET ADDRESS 2061 KANFORD AD CITY-ST-ZIP PORT STLUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE [Blank] NAME CARLITE, DWIGHT STREET ADDRESS 2061 HANFORD ROAD CITY-ST-ZIP PORT ST LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME CAMPBELL, RICHARD STREET ADDRESS 116 WAYLAND CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete		TITLE S/T/D NAME CAMPBELL, BRUCE STREET ADDRESS 3349 SASSAFRAS CT. CITY-ST-ZIP ORLANDO, FL 32810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE V/D NAME MARTKA, PAUL STREET ADDRESS 47200 EAST AVE CITY-ST-ZIP PAISLEY, FL 32767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: DANIEL C. GILMORE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 01/24/05 (386) 736-0904					