

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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**



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3318519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GILMORE, DANIEL C
1516 ROCKWELL HEIGHTS DR.
DELAND, FL 32724**

**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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000001447394
03/08/06-80078-019 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILMORE, DAN
1516 ROCKWELL HEIGHTS DR.
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VERCAMEN, DON SR.
12602 LEATRICE DR.
PORT SAINT LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARLILE, DWIGHT
2081 HANFORD ROAD
PORT SAINT LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CAMPBELL, BRUCE
3349 SASSAFRAS CT.
ORLANDO, FL 32810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HARTKA, PAUL
47200 EAST AVE
PAISLEY, FL 32787**

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: **DANIEL C. GILMORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 17, 2006

Date

(386) 738-0904

Daytime Phone if