2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002615

1. Entity Name
SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCHES, INC.

Principal Place of Business	Mailing Address
CENTRAL FL. RESTORATION BRANCH 682 MASON AVE. APOPKA, FL 32703-4429 US	SEAARB 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724 US

DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

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

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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: _____ 1/05/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revoking) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

U00000581611
01/10/07-80094-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILMORE, DAN
STREET ADDRESS	1516 ROCKWELL HEIGHTS DR.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	VERCAMEN, DON SR.
STREET ADDRESS	12602 LEATRICE DR.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	CARLILE, DWIGHT
STREET ADDRESS	2061 HANFORD ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	STD
NAME	CAMPBELL, BRUCE
STREET ADDRESS	3349 SASSAFRAS CT.
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	VD
NAME	HARTKA, PAUL
STREET ADDRESS	47200 EAST AVE
CITY-ST-ZIP	PAISLEY, FL 32767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/05/07 386-738-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #