

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.	
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Principal Place of Business CENTRAL FL. RESTORATION BRANCH 682 MASON AVE. APOPKA, FL 32703-4429 US	Mailing Address SEARB 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724 US
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01042007 No Chg-NP CR2E037 (4/06)

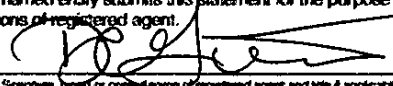
DO NOT WRITE IN THIS SPACE

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.

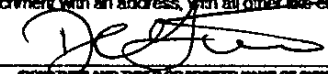
SIGNATURE:  1/05/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting) DATE

Filing Fee is \$61.25 Due by May 1, 2007	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000581611 01/10/07-80094-019 61.25
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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 32767
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:  1/05/07 386-738-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #