

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004843

FILED
Apr 02, 2004
Secretary of State

Entity Name: ANN'S RESTORATION HOUSE, INC.

Current Principal Place of Business:

599 CAROLINA AVE.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

599 CAROLINA AVE.
FT. MYERS, FL 33905

New Mailing Address:

FEI Number: 65-0958295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDINALE, VITO
599 CAROLINA AVE.
FT. MYERS, FL 33905

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: CACT () Delete
Name: CARDINALE, VITO
Address: 599 CAROLINA AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: D () Delete
Name: CARDINALE, ANNMARIE
Address: 599 CAROLINA AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: DOS () Delete
Name: FLAMMIA, NANCY
Address: 18050 OTTER WATER WAY
City-St-Zip: ALVA, FL 33920

Title: DOT () Delete
Name: PUCKETT, BARBARA
Address: 20231 STATE ROAD 31
City-St-Zip: N FORT MYERS, FL 33917

Title: D () Delete
Name: AILANT, ED
Address: 19631 PINE ECHO RD
City-St-Zip: N FORT MYERS, FL 33917

Title: D () Delete
Name: HORGAN, BILL
Address: 1105 SE 16TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

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:

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: VITO CARDINALE

CACT

04/02/2004

Electronic Signature of Signing Officer or Director

Date

BILL BARR (D)
7712 EBSON DRIVE
NORTH FORT MYERS, FL 33917

CHERYLL CLARK (D)
14910 HAL CT
FORT MYERS, FL 33905