

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004843

FILED
Apr 04, 2007
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 US

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: GEREN, KATHY SEC
Address: 914 GREENWOOD AVE
City-St-Zip: LEHIGH ACRES, FL 33972

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: BARR, BILL
Address: 7712 EBSON DR
City-St-Zip: N FT MYERS, FL 33917

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 Chapter 119, 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

04/04/2007

Electronic Signature of Signing Officer or Director

Date