

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026189

Entity Name: SURE RESTORATION, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

8122 E. ST. JOHN AVE.  
BOYNTON BEACH, FL 33472

## New Principal Place of Business:

8122 E. ST. JOHN AVE. EAST  
BOYNTON BEACH, FL 33472

## Current Mailing Address:

8122 E. ST. JOHN AVE.  
BOYNTON BEACH, FL 33472

## New Mailing Address:

8122 E. ST. JOHN AVE. EAST  
BOYNTON BEACH, FL 33472

FEI Number: 65-0990969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHEURING, WILLIAM J  
8122 E. ST. JOHN AVE.  
BOYNTON BEACH, FL 33472 US

## Name and Address of New Registered Agent:

SCHEURING, WILLIAM J  
8122 E. ST. JOHN AVE. EAST  
BOYNTON BEACH, FL 33472 US

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:

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHEURING, WILLIAM J  
Address: 8122 E. ST. JOHN AVE.  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP ( ) Delete  
Name: KAY, MICHAEL  
Address: 8122 E. ST. JOHN AVE.  
City-St-Zip: BOYNTON BEACH, FL 33472

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHEURING, WILLIAM J  
Address: 8122 E. ST. JOHN AVE. EAST  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP (X) Change ( ) Addition  
Name: KAY, MICHAEL  
Address: 8122 E. ST. JOHN AVE. EAST  
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J SCHEURING

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date