

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043336

Entity Name: ROB ALLEN RESTORATION, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

9 SQ CT
PALM COAST, FL 32164

New Principal Place of Business:

9 SQUIRE CT.
PALM COAST, FL 32164

Current Mailing Address:

9 SQ CT
PALM COAST, FL 32164

New Mailing Address:

9 SQUIRE CT.
PALM COAST, FL 32164

FEI Number: 65-1002669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, ROBERT
9 SQ CT
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

ALLEN, ROBERT
9 SQUIRE CT.
PALM COAST, FL 32164 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, ROBERT
Address: 9 SQ CT
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, ROBERT
Address: 9 SQUIRE CT
City-St-Zip: PALM COAST, FL 32164

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: ROBERT ALLEN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date