

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000054281

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** HABITAT RESTORATION RESOURCES, INC.

**Current Principal Place of Business:**

605 COLONIA LANE E  
SUITE B  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

17 NW 38TH PLACE  
CAPE CORAL, FL 33993 US

**Current Mailing Address:**

PO BOX 1267  
NOKOMIS, FL 342741267 US

**New Mailing Address:**

**FEI Number:** 65-1037432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNS, CHRISTINE M  
613 BARNES PKWY  
NOKOMIS, FL 34275 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: PD  
Name: EGAN, LAUREL A  
Address: 17 NW 38TH PLACE  
City-St-Zip: CAPE CORAL, FL 33993

I hereby 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 all other like empowered.

SIGNATURE: LAUREL A. EGAN

PRES

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date