

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90003 011 \*\*\*150.00

**60014324**



01172006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P00000080724</b> 1. Entity Name <b>FLORIDA RESTORATION SPECIALISTS, INC.</b>					
Principal Place of Business <b>1460 SW 3RD ST B-5 POMPANO BEACH, FL 33069</b>			Mailing Address <b>1460 SW 3RD ST B-5 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business <b>1027 SW 30th Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1027 SW 30th Ave</b> Suite, Apt. #, etc.			
City & State <b>Deerfield Beach, FL</b> Zip <b>33442</b>		City & State <b>Deerfield Beach, FL</b> Zip <b>33442</b>		Country <b>USA</b>	
Country <b>USA</b>		4. FEI Number <b>65-1037450</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MORGAN, DAVID WILLIAM 440 NE 16TH TERR FT LAUDERDALE, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MORGAN, DAVID W</b> <input type="checkbox"/> Delete <b>6005 NW 67TH AVENUE</b> <b>FORT LAUDERDALE, FL 33321</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Dave Morgan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1027 SW 30th Ave</b> <b>Deerfield Beach, FL 33442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			<b>1-20-06 954-946-4227</b> <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					