

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 10, 2008 8:00 am
Secretary of State

05-16-2008 90027 003 ***150.00

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DOCUMENT # P01000065187

1. Entity Name
NORTHEAST FLORIDA CLEANING AND RESTORATION INC.



Principal Place of Business Mailing Address
2300 JERNIGAN ROAD P.O BOX 47616
JACKSONVILLE FL 32207 JACKSONVILLE FL 32247-7616

66013887



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3724628** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLMES, MYRON M
216 SIMMONS TRAIL WEST
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of filing. NOTE: Registered Agent signature required when necessary.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	HOLMES, MARY L	
STREET ADDRESS	216 SIMMONS TRAIL WEST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VP	
NAME	HOLMES, MYRON M	
STREET ADDRESS	216 SIMMONS TRAIL WEST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	S	
NAME	LOSSEN, BRIAN M	
STREET ADDRESS	216 SIMMONS TRAIL WEST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerers.

SIGNATURE: Myron Holmes Myron Holmes 6. Tues 08 904-396-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OFFICE PHONE