




**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000091165		
1. Entity Name SPECIAL FORCES RESTORATION & CONSTRUCTION, INC.		
Principal Place of Business 908 SE LINCOLN AVE STUART, FL 34994	Mailing Address 908 SE LINCOLN AVE STUART, FL 34994	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOSS, BARRY MICHAEL A. ROBERTS 908 SE LINCOLN AVE STUART, FL 34994		DO NOT WRITE IN THIS SPACE
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:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000915642 05/09/08-80023-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, MICHAEL A 1510 SE 5TH ST STUART, FL 34994	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOSS, BARRY 1301 SW BLUE STEM WAY STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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 an other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/18/08 Daytime Phone # 772-692-0302