

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105550

FILED
Mar 02, 2005
Secretary of State

Entity Name: EMERGENCY RESTORATION SERVICES, INC.

Current Principal Place of Business:

1057 COLLINGSWOOD BLVD
UNIT B
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

1057 COLLINGSWOOD BLVD
UNIT B
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 65-1154685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOIACONO, ROBERTO
1057 COLLINGSWOOD BLVD
UNIT B
PORT CHARLOTTE, FL 33953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOIACONO, ROBERTO
Address: 2236 ARNET STREET
City-St-Zip: PORT CHARLOTTE, FL 33984

Title: VST () Delete
Name: LOIACONO, PAMELA
Address: 2236 ARNET STREET
City-St-Zip: PORT CHARLOTTE, FL 33984

Title: V () Delete
Name: FOREMAN, MARK
Address: 1031 BLAKEY ST
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOIACONO, ROBERTO
Address: 27380 PASTO DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: VST (X) Change () Addition
Name: LOIACONO, PAMELA
Address: 27380 PASTO DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA LOIACONO

VST

03/02/2005

Electronic Signature of Signing Officer or Director

Date