

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000015078

Entity Name: S.T.R. RESTORATION INC.

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

800 N.W. 12TH TERR., STE 2  
POMPAN0 BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

800 N.W. 12TH TERR., STE 2  
POMPAN0 BEACH, FL 33069

**New Mailing Address:**

FEI Number: 41-2024954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARRIS, BOB  
2650 NE 20 STREET  
POMPAN0 BEACH, FL 33062 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: D  
Name: GARRIS, BOB  
Address: 800 N.W. 12TH TERR., STE 2  
City-St-Zip: POMPAN0 BEACH, FL 33069

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: BOB GARRIS

PRES

02/14/2012

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

\_\_\_\_\_  
Date