## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000090148

Entity Name: ONE CALL CURES ALL, INC.

**FILED** Dec 06, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

PO BOX 951312 BOX 1312 (3665 S. ORLANDO DR 128)

LAKE MARY, FL 327951312 US SANFORD, FL 327951312 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 951312 BOX 1312 (3665 S. ORLANDO DR 128) SANFORD, FL 327951312 US LAKE MARY, FL 327951312 US

FEI Number: 90-0048752 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROQUEMORE, LAURA J ROQUEMORE, LAURA J PO BOX 951312 (1727 KAY DRIVE) SANFORD, FL 327951312 US BOX 1312 (3665 S. ORLANDO DR 128) SANFORD, FL 327951312 US

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: LAURA ROQUEMORE 12/06/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

( ) Delete Title: (X) Change ( ) Addition

ROQUEMORE, LAURA J ROQUEMORE, LAURA J Name: Name: PO BOX 951312 (1727 KAY DRIVE) Address: BOX 1312 (3665 S. ORLANDO DR 128) Address:

City-St-Zip: LAKE MARY, FL 327951312 City-St-Zip: SANFORD, FL 327951312

( ) Delete Title: VSD Title: (X) Change ( ) Addition Name: ROQUEMORE, DAVID W III Name: ROQUEMORE, DAVID W III Address:

PO BOX 951312 (1727 KAY DRIVE) Address: BOX 1312 (3665 S. ORLANDO DR 128)

City-St-Zip: LAKE MARY, FL 327951312 SANFORD, FL 327951312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURA ROQUEMORE PTD 12/06/2007