2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107126

Entity Name: PAUL DAVIS RESTORATION INC. OF VOLUSIA COUNTY

FILED Apr 05, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
SUITE 1&	OVA ROAD 2 AYTONA, FL	32119		
Current Mailing Address:			New Mailing Address:	
SUITE 1&	OVA ROAD 2 AYTONA, FL	32119		
FEI Number	: 06-1652489	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address of	f New Registered Agent:
100 FIRST ST. PETEI	EORGE E JR. FAVE. SOUTH RSBURG, FL	33701 US	ournose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the p	dipose of changing its registere	d office of registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Age	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (HARRISON, GL 1507 TAMMY (PORT ORANGI	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WIGGINS, CHE 2101 TANGLE\) Delete RISTOPHER WOOD WAY NE JRG, FL 33702	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WIGGINS, KAT 2101 TANGLE\) Delete HY WOOD WAY NE JRG, FL 33702	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () HARRISON, CH 1507 TAMMY (PORT ORANGI	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN HARRISON PD 04/05/2006