


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000124191 1. Entity Name COM-TECH RESTORATION, INC.	
---	---



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4223661	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWLETT, CHRIS E
2753 SW 12TH ST
DEERFIELD BEACH, FL 33442

**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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	BUCHAKJIAN, CHARLES
STREET ADDRESS	2753 SW 12TH ST
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	HOWLETT, CHRIS E
STREET ADDRESS	2753 S.W. 12 STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	S
NAME	HOWLETT, DEBORAH
STREET ADDRESS	2753 SW 12TH ST
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000370388
07/05/05-80013-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-2005

Date

Daytime Phone #