

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90690 029 \*\*\*150.00

DOCUMENT # P03000020359

1. Entity Name

M & R RESTORATION AND SERVICES INC.



Principal Place of Business

P.O. BOX 9775  
 TAMPA FL 33674

Mailing Address

P.O. BOX 9775  
 TAMPA FL 33674

2. Principal Place of Business

3311 N 75TH ST  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9775  
 Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

37-1457848

Applied For

Not Applicable

Zip

33619

Country

U.S.

Zip

33674

Country

U.S.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTY, SHARON  
 3311 N 75TH ST  
 TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]* Sharon Canty, President

2/15/04

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**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  Delete  
 NAME: CANTY, SHARON  
 STREET ADDRESS: 3311 N 75TH ST  
 CITY-ST-ZIP: TAMPA FL 33619

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: S  Delete  
 NAME: GILBERT, JACQUELINE C  
 STREET ADDRESS: 1002 LAKE SHORE RANCH  
 CITY-ST-ZIP: BRANDON FL 33510

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: T  Delete  
 NAME: NEWKIRK, CURTIS  
 STREET ADDRESS: 15420 LIVINGSTON AVE APT 1113  
 CITY-ST-ZIP: LUTZ FL 33559

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: V  Delete  
 NAME: ANDERSON, GREGORY  
 STREET ADDRESS: 669 LAKEMONT DR  
 CITY-ST-ZIP: BRANDON FL 33510

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
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 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* Sharon Canty, President

Date

Daytime Phone #

2/15/04 813-572-7032