

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

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

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

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

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Canty, President

Date

Daytime Phone #

2/15/04 813-572-7032