

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024513

FILED
Apr 30, 2007
Secretary of State

Entity Name: J & E RESTORE CONSTRUCTION CO.

Current Principal Place of Business:

P.O. BOX 585156
ORLANDO,, FL 32858

New Principal Place of Business:

4719 CASON COVE DRIVE
APT. 1506
ORLANDO,, FL 32811 US

Current Mailing Address:

P.O. BOX 585156
ORLANDO,, FL 32858

New Mailing Address:

P.O. BOX 585156
ORLANDO,, FL 32858 US

FEI Number: 72-1535960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOPER, ELIZABETH A
4719 CASON COVE DR.
APT. 1506
ORLANDO,, FL 32811 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOPER, JAMES E
Address: 4719 CASON COVE DR. APT. 1506
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: COOPER, ELIZABETH A
Address: 4719 CASON COVE DR. APT. 1506
City-St-Zip: OLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ELIZABETH COOPER

V

04/30/2007

Electronic Signature of Signing Officer or Director

Date