

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90184 042 \*\*\*150.00

<b>DOCUMENT # P03000029477</b>		
1. Entity Name <b>JOHN-CHARLES LEATHER RESTORATION INC.</b>		

Principal Place of Business <b>4810 INVERNESS CT #102 PALM HARBOR, FL 34685</b>	Mailing Address <b>4810 INVERNESS CT #102 PALM HARBOR, FL 34685</b>
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2. Principal Place of Business <b>3547 Foray Ln.</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>new Port Richey FL.</b>	City & State
Zip <b>34655</b>	Country <b>US.</b>

6. Name and Address of Current Registered Agent <b>ALLAIRE, JOHN-CHARLES 4810 INVERNESS CT #102 PALM HARBOR, FL 34685</b>	
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**50048310**  
**J.C. Allaire**  


05022005 Chg-P CR2E034 (10/03)

4. FEI Number <b>81-0600454</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>3547 Foray Ln.</b> City <b>new Port Richey FL</b> Zip Code <b>34655</b>	
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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 <b>John Charles Allaire</b>	DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE <b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALLAIRE, JOHN-CHARLES</b>		NAME <b>Same</b>	
STREET ADDRESS <b>4810 INVERNESS CT. #102</b>		STREET ADDRESS <b>3547 Foray Ln.</b>	
CITY-ST-ZIP <b>PALM HARBOR, FL 34685</b>		CITY-ST-ZIP <b>new Port Richey FL 34655</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <b>John Charles Allaire</b>	Date <b>5-1-05</b>	Daytime Phone # <b>727 808 7049</b>
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