

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035716

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SVM RESTORATION SERVICES, INC.

## Current Principal Place of Business:

12555 ORANGE DR  
101  
DAVIE, FL 33330 US

## New Principal Place of Business:

## Current Mailing Address:

12555 ORANGE DR  
101  
DAVIE, FL 33330 US

## New Mailing Address:

FEI Number: 13-4245767      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENNIGAR, SCOTT A  
2730 NE 26TH STREET  
LIGHTHOUSE POINT, FL 33064 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: DP ( ) Delete  
Name: HENNIGAR, SCOTT ARTHUR  
Address: 2730 N.E. 26TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: VP ( ) Delete  
Name: LINDER, VERONICA  
Address: 15010 SAXON CIRCLE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: S/T ( ) Delete  
Name: WIDDICOMB, MARY LEE  
Address: 4924 NW 85TH ROAD  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VERONICA LINDER

VP

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date