2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _<

Apr 01, 2005 8:00 am Secretary of State DOCUMENT # P03000072047 04-01-2005 90005 021 ***150.00 O'HARA RESTORATIONS INC Principal Place of Business Mailing Address 10 SCENIC HIGHWAY FROSTPROOF FL 33843 10 SCENIC HIGHWAY FROSTPROOF FL 33843 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 105.Scenic 4. FEI Number Applied For 75-3121118 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'HARA, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 10 SCENIC HIGHWAY FROSTPROOF FL 33843 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. P O'HARA, ROBERT J ☐ Change ☐ Addition TITLE 🦎 TITLE Defete NAME NAME 10 SCENIC HIGHWAY STREET ADDRESS STREET ADDRESS FROSTPROOF FL 33843 CHY-ST-ZIP CITY-ST-ZIP ST TITLE Delete TITLE Change Addition NAME O'HARA, SANDRA M NAME STREET ADDRESS STREET ADDRESS 10 SCENIC HIGHWAY FROSTPROOF FL 33843 CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete THILE 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

FILED

J. O'Hara 3-28-05 867-635-9008