


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000072047**

1. Entity Name  
**O'HARA RESTORATIONS INC**



Principal Place of Business      Mailing Address

**10 S. SCENIC HIGHWAY**      **10 S. SCENIC HIGHWAY**  
**FROSTPROOF, FL 33843 US**      **FROSTPROOF, FL 33843 US**

**DO NOT WRITE IN THIS SPACE**



01062008    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**75-3121118**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'HARA, ROBERT J**  
**10 S. SCENIC HIGHWAY**  
**FROSTPROOF, FL 33843**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>O'HARA, ROBERT J</b> <b>10 SCENIC HIGHWAY</b> <b>FROSTPROOF, FL 33843</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>O'HARA, SANDRA M</b> <b>10 SCENIC HIGHWAY</b> <b>FROSTPROOF, FL 33843</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/08/06-80109-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, when all other like empowered.

**SIGNATURE:**       **4/26/06**      **803 495 4008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #