

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075296

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** RESTORATION SPECIALISTS OF FLORIDA, INC.

**Current Principal Place of Business:**

7412 ALAFIA DR.  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3384  
RIVERVIEW, FL 33568

**New Mailing Address:**

**FEI Number:** 43-2021666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOMACK, KEITH F  
7412 ALAFIA DR.  
RIVERVIEW, FL 33578 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOMACK, KEITH F  
Address: 7412 ALAFIA DRIVE  
City-St-Zip: RIVERVIEW, FL 33578

Title: V  
Name: YEE, ANDREA WOMACK  
Address: 7412 ALAFIA DRIVE  
City-St-Zip: RIVERVIEW, FL 33578

I hereby 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 all other like empowered.

SIGNATURE: KEITH F. WOMACK

PRES

01/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date