2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# P03000112566

Entity Name: INSURANCE RESTORATIONS INC.

Current Principal Place of Business:

1490 E. DAVIDSON STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1490 E. DAVIDSON STREET
BARTOW, FL 33830

New Mailing Address:

FEI Number: 20-0352834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLANAHAN, ROY
1490 E. DAVIDSON STREET
BARTOW, FL 33830

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: PTD ( ) Delete
Name: MCCLANAHAN, ROY
Address: 1490 E. DAVIDSON STREET
City-St-Zip: BARTOW, FL 33830

Title: VS ( ) Delete
Name: MCCLANAHAN, ANNETTE
Address: 1490 E. DAVIDSON STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ROY MCCLANAHAN PTD 04/17/2004

Electronic Signature of Signing Officer or Director — Date