

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115922

FILED
Jan 05, 2004
Secretary of State

Entity Name: COMPLETE RESTORATION SERVICES, INC.

Current Principal Place of Business:

205 W WASHINGTON ST STE B
MINNEOLA, FL 34755

New Principal Place of Business:

Current Mailing Address:

P O BOX 742
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 30-0210956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMAN, STEVE
205 W WASHINGTON ST STE B
MINNEOLA, FL 34755

Name and Address of New Registered Agent:

SAPP, BARBARA A PRES
205 W WASHINGTON ST STE B
MINNEOLA, FL 34755

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: BARBARA A. SAPP

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARMAN, STEVE
Address: 312 CRYSTAL LAKE DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SAPP, BARBARA
Address: 400 SAPP LANE
City-St-Zip: MINNEOLA, FL 34755

Title: D () Delete
Name: GEORGE, LISA
Address: 185 SEMINOLE ST
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARMAN, KIM M
Address: 312 CRYSTAL LAKE DR
City-St-Zip: CLERMONT, FL 34711 US

Title: PRES (X) Change () Addition
Name: SAPP, BARBARA
Address: 400 SAPP LANE
City-St-Zip: MINNEOLA, FL 34755 US

Title: VP/S (X) Change () Addition
Name: GEORGE, LISA
Address: 185 SEMINOLE ST
City-St-Zip: CLERMONT, FL 34711 US

Title: VP/T () Change (X) Addition
Name: CARMAN, KIM M
Address: 312 CRYSTAL LAKE DR
City-St-Zip: CLERMONT, FL 34711

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: BARBARA SAPP

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date