


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90072 043 \*\*\*150.00

<b>DOCUMENT # P03000115922</b> 1. Entity Name <b>COMPLETE RESTORATION SERVICES, INC.</b>					
Principal Place of Business <b>205 W WASHINGTON ST STE B MINNEOLA, FL 34755</b>			Mailing Address <b>P O BOX 742 MINNEOLA, FL 34755</b>		
2. Principal Place of Business <b>900 JAN-MAR Ct.</b> Suite, Apt. #, etc.			3. Mailing Address <b>same</b> Suite, Apt. #, etc.		
City & State <b>MINNEOLA FL</b>			City & State <b>MINNEOLA FL</b>		
Zip <b>34715</b>		Country <b>USA</b>		4. FEI Number <b>30-0210956</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAPP, BARBARA A PRES 205 W WASHINGTON ST STE B MINNEOLA, FL 34755</b>			7. Name and Address of New Registered Agent Name <b>Barbara Sapp</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 Sapp Lane</b> City <b>Minneola</b> <b>FL</b> Zip <b>34715</b>		
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 <b>Barbara Sapp</b> DATE <b>3/24/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARMAN, KIM M 312 CRYSTAL LAKE DR CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SAPP, BARBARA 400 SAPP LANE MINNEOLA, FL 34755</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S GEORGE, LISA 185 SEMINOLE ST CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T CARMAN, KIM M 312 CRYSTAL LAKE DR CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Barbara Sapp</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/24/05</b> Daytime Phone # <b>352-243-1763</b>		