

***2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P03000125155

1. Entity Name
AROUND THE CLOCK RESTORATION, INC.



Principal Place of Business
**2217 RIVER RIDGE ROAD
DELAND, FL 32720**

Mailing Address
**2217 RIVER RIDGE ROAD
DELAND, FL 32720**



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0363441	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, DAVID A
2217 RIVER RIDGE ROAD
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**000000853341
03/25/08-80065-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWRENCE, DAVID A
STREET ADDRESS	2217 RIVER RIDGE ROAD
CITY - ST - ZIP	DELAND, FL 32720

TITLE	S
NAME	LAWRENCE, DAWN
STREET ADDRESS	2217 RIVER RIDGE ROAD
CITY - ST - ZIP	DELAND, FL 32720

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-08

Date

407-341-4430

Daytime Phone #