

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90052 017 ***150.00

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1. Entity Name

THE STUDIO FOR RESTORATION AND DESIGN, INC.



Principal Place of Business

6810-1/2 WILLIAMS ROAD
SEFNER FL 33584
US

Mailing Address

6810 1/2 WILLIAMS ROAD
SEFNER FL 33584
US



2. Principal Place of Business - No P.O. Box #

6810 1/2 Williams Rd

Suite, Apt. #, etc.

N/A

3. Mailing Address

Same

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Seffner Florida

Zip

33584

Country

Hillsborough

City & State

Zip

Country

4. FEI Number 01-0656417

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGEL, DON A
6810 WILLIAMS ROAD
SEFNER FL 33584

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Don A. Sigel

DON A. SIGEL

1-22-07

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

(NOTE: Registered Agent signature required when re-registering)

(DATE)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DPTS
NAME SIGEL, DON A
STREET ADDRESS 6810 WILLIAMS ROAD
CITY ST ZIP SEFNER FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Don A. Sigel

DON A. SIGEL

813 833-9262

1-22-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #