

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029716

Entity Name: CCS RESTORATION, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

200 N LAUREL AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

200 N LAUREL AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-0748648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, LESLIE
200 N LAUREL AVE
SANFORD, FL 32771 US

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: P () Delete
Name: STEVENS, CHRISTOPHER
Address: 200 N. LAUREL AVENUE
City-St-Zip: SANFORD, FL 32771

Title: ST () Delete
Name: STEVENS, LESLIE
Address: 200 N. LAUREL AVENUE
City-St-Zip: SANFORD, FL 32771

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 exemption stated 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 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: LESLIE STEVENS

ST

04/21/2009

Electronic Signature of Signing Officer or Director

Date