

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000046557

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** OSCEOLA COUNTY RESTORATION, INC.

**Current Principal Place of Business:**

120 QUEEN FREDERIKA COURT  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 422327  
KISSIMMEE, FL 347422327 US

**New Mailing Address:**

**FEI Number:** 20-0863933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EVANS, JOHN S  
120 QUEEN FREDERIKA COURT  
FORT PIERCE, FL 34949 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EVANS, JOHN S  
Address: 120 QUEEN FREDERIKA CT  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP  
Name: VALLEJOS, MARCOS A  
Address: 879 NE DIXIE HWY. UNIT 5  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: JOHN S EVANS

PRES

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date