

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000089481

1. Entity Name
DISC RESTORER, INC.



Principal Place of Business
**1439 SOUTH POMPANO PARKWAY
SUITE 300
POMPANO BEACH, FL 33069**

Mailing Address
**1439 SOUTH POMPANO PARKWAY
SUITE 300
POMPANO BEACH, FL 33069**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1242789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, MICHAEL
1439 SOUTH POMPANO PARKWAY
SUITE 300
POMPANO BEACH, FL 33069**

**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**

U000000852162
03/26/08-80018-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, MICHAEL
STREET ADDRESS	5580 CYPRESS GARDENS BLVD.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	UPCHURCH, JAMES R JR
STREET ADDRESS	1439 SOUTH POMPANO PARKWAY SUITE 300
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

3/7/08

Date

954-972-2004

Daytime Phone #