

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089481

Entity Name: DISC RESTORER, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1439 SOUTH POMPANO PARKWAY
SUITE 300
POMPANO BEACH, FL 33069

New Principal Place of Business:

2035 8TH ST., NW
WINTER HAVEN, FL 33881

Current Mailing Address:

1439 SOUTH POMPANO PARKWAY
SUITE 300
POMPANO BEACH, FL 33069

New Mailing Address:

2035 8TH ST., NW
WINTER HAVEN, FL 33881

FEI Number: 20-1242789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BELL, MICHAEL Y PRES
2035 8TH ST., NW
WINTER HAVEN, FL 33881 US

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: MICHAEL Y BELL

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELL, MICHAEL
Address: 5580 CYPRESS GARDENS BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: UPCHURCH, JAMES R JR
Address: 1439 SOUTH POMPANO PARKWAY SUITE 300
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BELL, MICHAEL Y
Address: 2035 8TH ST., NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Change () Addition
Name: BELL, PATRICIA S
Address: 2035 8TH STREET.NW
City-St-Zip: WINTER HAVEN, FL 33881

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: MICHAEL Y BELL

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date