## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000131019  1. Entity Name LUNAN RESTORATIONS, INC.						04-27-2005 90320 045 ***150.00				
Principal Place	e of Business	Mailing Address			* <b>1</b> 000000					
1019 S. MAG SANFORD, FL	NOLIA AVE.	1019 S. MAGNOLIA AVE. SANFORD, FL 32771			1 AN HIPMRI 215 BW		11 <b>800</b> (1181 <b>220</b>			
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04092005	Chg-P	ÇR2E0:	34 (10/03)	
City & State		City & State			4. FEI Number 20–165	E 4 3 2		<u> </u>	plied For	
Zip Country		Zip Country		try		5. Certificate of			\$8.75 Add	
	6. Name and Address of Current	Bagletarert & cont		ı		7 Name and A	ddress of New R			
	5. Raille and Address of Carrent	Hadistated Wholit		Name		r. realite and r.	<u> </u>	- House	90	
THEN, ALE 1019 S. MA			Street Ac	ddress (l	(P.O. Box Number is Not Acceptable)					
SANFORD	), FL 32771			<u></u>				, <del>-</del>		
			City		FL Zip Code			6		
	named entity submits this statement folions of registered agent.	or the purpose of changing it	s register	ed office or	register	ed agent, or both,	in the State of Flo	rida. Iam f	amiliar with,	and accept
SIGNATURE_	<u> </u>			••••						
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signatu	re required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con	_	ncing	<b>\$5.</b> Add	00 May Be ed to Fees				
10.	OFFICERS AND		11.		Dem	ADDITIONS/C	HANGES TO OFF	ICERS AND		
TITLE NAME		☐ Deleta ⅢII.			PST	vandar 1	lh on		Change	XX Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	1019	exander Then 19 S. Magnolia Avenue nford, FL 32771				
TITLE		☐ Delete	TITL			1010, 11	3 3 <b>2</b>		Change	☐ Addition
NAME			NAM							_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	τm.	_					☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
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NAME STREET ADDRESS			NAM	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Defete	TITL						Change	☐ Addition
NAME CTREET ADDRESS			NAM							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-St-Zip						
TITLE ,		☐ Delete	ĭIIL	E					☐ Change	Addition
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP						
	l .		- Unit	91-5K	1					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 required required 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 attempting with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-321-200Co Daytime Phone #