

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000105195

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** D&M RESTORATION SERVICES, INC.

**Current Principal Place of Business:**

10011 BRANWOOD DR  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 89685  
TAMPA, FL 33689

**New Mailing Address:**

5009 GALLAGHER ROAD  
PLANT CITY, FL 33565

**FEI Number:** 04-3822060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD  
Name: ESCOBAR, DEBRA  
Address: 10011 BRANWOOD DR  
City-St-Zip: RIVERVIEW, FL 33569

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: DEBRA R. ESCOBAR

MRS

04/28/2011

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

\_\_\_\_\_  
Date