

**• 2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90032 040 \*\*\*150.00

**DOCUMENT # P05000115168**

1. Entity Name

**NEW GENERATION RESTORATION INC.**



Principal Place of Business

**6798 CROSSWINDS DR SUITE A103  
ST PETERSBURG FL 33710**

Mailing Address

**6798 CROSSWINDS DR SUITE A103  
ST PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**20-3394194**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROCTOR, STEVEN  
6798 CROSSWINDS DR SUITE A103  
ST PETERSBURG FL 33710**

Name **PROCTOR, STEPHEN**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 revesting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be**

**Added to Fees**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PROCTOR, STEVEN	
STREET ADDRESS	6798 CROSSWINDS DR SUITE A103	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	V	<input type="checkbox"/> Delete
NAME	DANIEL, SILAS E	
STREET ADDRESS	6798 CROSSWINDS DR SUITE A103	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DANIEL, SHERRY B.	
STREET ADDRESS	6798 CROSSWINDS DR SUITE A103	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PROCTOR, MARIE	
STREET ADDRESS	6798 CROSSWINDS DR SUITE A103	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, STEPHEN T.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL III, SILAS E.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, SHERRYL P.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**STEPHEN T. PROCTOR**

Date

Daytime Phone #



ATTACHMENT  
66007278

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

NEW GENERATION RESTORATION INC.  
6798 CROSSWINDS DR SUITE A103  
ST PETERSBURG, FL 33710

Subject: NEW GENERATION RESTORATION INC.

Reference Number: P05000115168

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION

Returned 3/22  
copy filed only