

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90252 032 \*\*\*150.00

DOCUMENT # P05000142882

1. Entity Name

HY-QUALITY RESTORATION SERVICES, INC.



Principal Place of Business  
9806 NW 80TH AVE BAY  
BAY 12 J  
HIALEAH GARDENS FL 33016  
US

Mailing Address  
9806 NW 80TH AVE BAY  
BAY 12 J  
HIALEAH GARDENS FL 33016  
US



2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. EIN Number

**203648614**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

WAITE, DANIEL  
9806 NW 80 AVE  
BAY 12J  
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name **RANDALL S. OURS**  
Street Address (P.O. Box Number is Not Acceptable)  
**9806 N.W. 80 AVE**  
**BAY 12J**  
City **HIALEAH GARDENS FL** Zip Code **33016**

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 of the principal officer or director of the corporation

(NOTE: Registered Agent signature required when reinstating)

**3-15-06**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WAITE, DANIEL	
STREET ADDRESS	9806 NW 80TH AVE BAY J	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WAITE, RANDALL	
STREET ADDRESS	9806 NW 80TH AVE BAY J	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUTZ, MICHAEL	
STREET ADDRESS	9806 NW 80TH AVE. BAY J	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL S. OURS	
STREET ADDRESS	9806 NW 80TH AVE. BAY J	
CITY-ST-ZIP	HIALEAH GARDENS, FL. 33016	
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		
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:

**Randall S Ours**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-06**

DATE

**330-466-0608**

Daytime Phone #