

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145687

Entity Name: H & R RESTORATION, INC

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

3912 4TH ST W
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 520
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 20-3741647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINVILLE, JON
3912 4TH ST W
LEHIGH ACRES, FL 33971 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: LINVILLE, JON
Address: 3912 4TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,T (X) Change () Addition
Name: LINVILLE, JON
Address: 3912 4TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: P () Change (X) Addition
Name: HALCOMB, KENNETH L
Address: 57 CRESTWOOD DRIVE
City-St-Zip: MOORESVILLE, IN 46158 US

Title: VP,S () Change (X) Addition
Name: RICHTER, SHANNON L
Address: 1220 WESTWOOD DR
City-St-Zip: MOORESVILLE, IN 46158 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JON LINVILLE

D,T

01/19/2006

Electronic Signature of Signing Officer or Director

Date