

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152307

FILED
Mar 16, 2006
Secretary of State

Entity Name: METRO RESTORATION SERVICES OF N.W. FLORIDA, INC.

Current Principal Place of Business:

1007 W. PINE
PENSACOLA, FL 32501

New Principal Place of Business:

1007 W. PINE ST.
PENSACOLA, FL 32501

Current Mailing Address:

1007 W. PINE
PENSACOLA, FL 32501

New Mailing Address:

1007 W. PINE ST.
PENSACOLA, FL 32501

FEI Number: 20-3794696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, DANIEL B II
1001 WEST PINE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

FRENCH, RAY
1007 W. PINE ST.
PENSACOLA, FL 32501 US

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: RAY FRENCH

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAMS, DANIEL B II
Address: 1001 WEST PINE
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: FRENCH, RAYMOND
Address: 1003 NETHERLAND
City-St-Zip: MURFREESBORO, TN 37130

Title: SEC () Delete
Name: FRENCH, RAYMOND
Address: 1003 NETHERLAND
City-St-Zip: MURFREESBORO, TN 37130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRENCH, RAYMOND
Address: 1003 NETHERLAND
City-St-Zip: MURFREESBORO, TN 37130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAY FRENCH

P

03/16/2006

Electronic Signature of Signing Officer or Director

Date