

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130127

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: RESTORATION INDUSTRIES, INC.

## Current Principal Place of Business:

4728 SOUTH STATE STREET  
ANN ARBOR, MI 48108 US

## New Principal Place of Business:

5963 FOX RUN COURT  
SALINE, MI 48176 US

## Current Mailing Address:

4728 SOUTH STATE STREET  
ANN ARBOR, MI 48108 US

## New Mailing Address:

5963 FOX RUN COURT  
SALINE, MI 48176 US

FEI Number: 84-1718356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAM R. BARKER, P.A.  
801 NORTH MAGNOLIA AVENUE  
SUITE 310  
ORLANDO, FL 32803 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: PSD ( ) Delete  
Name: GEER, THOMAS  
Address: 4728 SOUTH STATE STREET  
City-St-Zip: ANN ARBOR, MI 48108 US

Title: VD ( ) Delete  
Name: GEER, LORRIE  
Address: 4728 SOUTH STATE STREET  
City-St-Zip: ANN ARBOR, MI 48108 US

Title: D ( ) Delete  
Name: CODY, MICHAEL  
Address: 4728 SOUTH STATE STREET  
City-St-Zip: ANN ARBOR, MI 48108 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: GEER, THOMAS  
Address: 5963 FOX RUN COURT  
City-St-Zip: SALINE, MI 48176 US

Title: VD (X) Change ( ) Addition  
Name: GEER, LORRIE  
Address: 5963 FOX RUN COURT  
City-St-Zip: SALINE, MI 48176 US

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS GEER

PSD

01/18/2008

Electronic Signature of Signing Officer or Director

Date