

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 040 ***158.75

DOCUMENT # P07000101794 1. Entity Name BUILDING RESTORATION SERVICES, INC.					
Principal Place of Business 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655			Mailing Address 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="text-align: right;"> </div>					
<div style="display: flex; justify-content: space-between;"> 01062008 Chg-P CR2E034 (12/06) </div>					
4. FEI Number 26-1090972				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBB, ALEX R 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEEB, RICHARD G <input type="checkbox"/> Delete 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Mariena D. Gribble <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9400 River Crossing Blvd., Ste 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Stephanie D. Dieters <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9400 River Crossing Blvd. Ste 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	I/D Adam R. Deeb <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9400 River Crossing Blvd., Ste 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard J. Deeb, II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9400 River Crossing Blvd., Ste 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>Add</u> <input type="checkbox"/> Delete Alex R. Deeb 9400 River Crossing Blvd., Ste 102 New Port Richey, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas P. Deeb 9400 River Crossing Blve., Suite 102 New Port Richey, FL 34655	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Richard G. Deeb</u> President 727-376-6831 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					