

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007345

FILED
Jan 07, 2009
Secretary of State

Entity Name: 1ST CLASS HOME RESTORATION, INC.

Current Principal Place of Business:

812 KENNWOOD TERRACE N.W.
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

812 KENNWOOD TERRACE N.W.
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 80-0154949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

CLOUSER, SCOTT
812 KENNWOOD TERRACE N.W.
PORT CHARLOTTE, FL 33948 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: SCOTT CLOUSER

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: CLOUSER, SCOTT
Address: 812 KENNWOOD TERRACE N.W.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VP () Delete
Name: CLOUSER, JENNIE
Address: 812 KENNWOOD TERRACE N.W.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: CLOUSER, PHILIP
Address: 479 LENOIR
City-St-Zip: PORT CHARLOTTE, FL 33948

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: SCOTT CLOUSER

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date