


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000052825 1. Entity Name RESTORATION PROPERTIES, INC.	
---	---

Principal Place of Business 1011 N.W. 6TH ST. HOMESTEAD, FL 33030	Mailing Address 1011 N.W. 6TH ST. HOMESTEAD, FL 33030
---	---



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0516089	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MULLINS, RICHARD 1011 N.W. 6TH ST. HOMESTEAD, FL 33030

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.

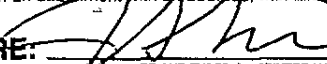
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLINS, RICHARD 1011 N.W. 6TH ST. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUGGINO, JOSEPH A 1011 N.W. 6TH ST. HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000178711
01/12/05-80037-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Joseph A. Guggino	1-10-05	305-248-4955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #