

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90029 037 ***150.00

DOCUMENT # P95000072036

1. Entity Name

RESTORATION MISSION, INC.



Principal Place of Business

2154 -9TH AVE SO.
ST PETERSBURG FL 33712
US

Mailing Address

2154 -9TH AVE SO.
ST PETERSBURG FL 33712
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3327715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAMMAGE, JOAN
2154 9TH AVENUE SOUTH
ST. PETERSBURG FL 33712

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GAMMAGE, JOAN	
STREET ADDRESS	2041 3RD ST SOUTH	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, JAMES W	
STREET ADDRESS	206 LIVE OAK BLVD.	
CITY- ST- ZIP	SANFORD FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, LILLIAN	
STREET ADDRESS	774 15 AVE SOUTH	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KING, UTTA	
STREET ADDRESS	90 COFINA RD	
CITY- ST- ZIP	SAINT PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMMAG, CAVVID	
STREET ADDRESS	3908 GROVE SOUTH	
CITY- ST- ZIP	SAINT PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	C-CALVIN GAMMAGE JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2041 3rd STREET SOUTH	
STREET ADDRESS	ST. PETE. FLA. 33705	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V-VETTA COLEY	
STREET ADDRESS	3604 SEA ROBIN DRIVES E.	
CITY- ST- ZIP	ST. PETE. FLA. 33705	
TITLE	C-CALVIN GAMMAGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5191 41 STREET SOUTH	
STREET ADDRESS	ST. PETE. FLA. 33711	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: JOAN GAMMAGE JR 8/25/2005 12823-1403