

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022988

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: HABITAT RESTORATION, INC.

## Current Principal Place of Business:

370 CENTERPOINTE CIR.  
STE 1116  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

484 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

## Current Mailing Address:

370 CENTERPOINTE CIR.  
STE 1116  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

484 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

FEI Number: 62-1632664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRADOW, STUART N  
370 CENTERPOINTE CIR.  
STE 1116  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

BRADOW, STUART N  
484 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 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:

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ATKINS, JOHN N  
Address: P.O. BOX 188  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: D ( ) Delete  
Name: NIELSEN, STEPHEN A  
Address: 465 HIDDEN RIDGE DRIVE  
City-St-Zip: ENTERPRISE, FL 32728

Title: D ( ) Delete  
Name: BRADOW, STUART N  
Address: 201 SHERYL DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: EXNER, GARY E  
Address: 410 LAKE LENELLE DRIVE  
City-St-Zip: CHULUOTA, FL 32766

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN N. ATKINS

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date