

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022988

Entity Name: HABITAT RESTORATION, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

484 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

484 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

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
484 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ATKINS, JOHN N
Address: 711 S. ATLANTIC AVE. #503
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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 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: JOHN N. ATKINS

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date