## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 06, 2008 8:00 am Secretary of State

DOCUMENT # P9700013182  1. Entity Name EXPRESS RESTORATION & CLEANING, INC.								8 90018 037 ***15	0.00
Principal Place	e of Business	Mailing Address	Mailing Address			61	Mapso	•	
4710 DOVER CLIFF CT DOVER, FL 33527 US		4710 DOVER CLIFF CT DOVER, FL 33527 US			!				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07302008	Chg-P	CR2E034 (12/06)	
City & State		City & State				4. FEI Numbe 59-344		<b></b>	oplied For ot Applicable
Zip	Country	Zip	Country			5. Certificate	of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev	v Registered Agent		
				Name					
AGRINZONIS, ROBERT 4710 DOVER CLIFF CT DOVER, FL 33527				Street Address (P.O. Box Number is Not Acceptable)					
DOVER, I	L 33321								
-				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 accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with accepted agent, or both, in the State of Florida. I am familiar with a state of Florida agent, or both agent, and accepted agent, or both agent age								and accept	
SIGNATURE Signature, general or orinled name of registered agent and title it applicable (NOTE in rigist				d Agent signatur	e required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Fir  Trust Fund Contribution				ncing	<b>\$5</b> . Add	.00 May Be ed to Fees	In accordanc corporation d	e with s. 607.193(2)(b), id not receive the prior	F.S., the notice.
10.	OFFICERS AND DIRECTORS		11.			ADDITIONS/	CHANGES TO C	FFICERS AND DIRECTOR	S IN 11
TITLE	DP	☐ Delete IITL		E				☐ Change	Addition
NAME STREET ADDRESS	4710 DOVER CLIFF CT SII			E1 ADDRESS					
CHY-ST-ZIP			CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS	☐ Delete		NAM CUR	- 1	☐ Change [		Addition		
CITY \$1-ZIP				S1 ZIP					
TITLE NAME	☐ Delete			TITLE NAME			·	Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS					
CLIY-S1-ZIP				-S1-ZIF					Addition
TITLE NAME			TITL NAM	1				☐ Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	- ST - ZIP					
TIFLE	☐ Delete		TITLE					☐ Change	Addition
NAME OTHER LADVOCCO		j	NAM						
STREET ADDRESS C-TY-ST-ZIP				EET ADDRESS '- ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAM	1					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	certify that the information supplied wil	h this filing does not qualify to		emptions co	ontainer	d in Chapter 119	). Florida Statute	s. I further certify that the	information

12. I nereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Horida 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address with all other like empowered.

CICNIATURE

GOBERT ASKINZONIS
SIGNATURE AND TYPER DEFINITED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Control

Date

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