



**DOCUMENT # P99000082598**  
 1. Entity Name  
**AUTHORIZED CLEANING & RESTORATION, INC.**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



Principal Place of Business Mailing Address  
 105 A COLONIA LANE EAST 105 A COLONIA LANE EAST  
 NOKOMIS FL 34275 NOKOMIS FL 34275

1st MOORE CR2E034 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

3. Mailing Address City & State  
 City & State

4. FEI Number **65-0948896** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PREWETT, DANIEL L**  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT WHITTINGTON, BRENDA 3736 ACORN ST NORTH PORT FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000555829 05/16/06-80042-024 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS RANDALL, WHITTINGTON 3736 ACORN ST NORTH PORT FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* **BRENDA WHITTINGTON** 4-25-06 941-924-1347  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #