


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90362 044 ***150.00

DOCUMENT # S53425
 1. Entity Name
 COMMERCIAL RESTORATION, INC.



Principal Place of Business
 166 CENTER STREET
 CAPE CANAVERAL, FL 32920

Mailing Address
 166 CENTER STREET
 CAPE CANAVERAL, FL 32920

2. Principal Place of Business
 4805 N. COURTENAY PLWY
 Suite, Apt. #, etc.

3. Mailing Address
 4805 N. COURTENAY PLWY
 Suite, Apt. #, etc.

City & State
 MERRITT ISLAND, FL

City & State
 MERRITT ISLAND, FL

Zip
 32953

Country
 BREVARD

Zip
 32953

Country
 BREVARD

00042804



03282006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-3138263

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J
 1290 FED HWY
 ROCKLEDGE, FL 32955

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EMORY, J.E. 5120 PINTAL LANE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date: 3-29-06 Daytime Phone #: 321-783-0198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR