## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

LAT R	n Name ESTORATI	on Services, I	NC.						
Principal Place	of Business		Mailing Address			1 1005/10/A 50/ 307/0 1415/A 7/6/1 407/			U OTOTE BIRET HORI
6039 PINEHILL RD NEW PORT RICHEY FL 34668 US		P.O. BOX 1028 PORT RICHEY FL 34673 US							
						3. Date Incorporated or Qualified 10/23/1991	l l	e of Last I 3/31/19	•
, Principal Place of Business  Suite, Apt. #, etc.  City & State			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28		4. FEI Number 59-3092463	Applied For Not Applicable			
					5. Certificate of Status Desired	×		5 Additional Required	
					Election Campaign Financing     Trust Fund Contribution	□ \$5.0¢		<b>0</b> Мау Ве	
Zip		Country 5	Zip	Country 30	/	8. This corporation has liability for			ed to Fees 199.032,
		ind Address of Currer				10. Name and Address of New R		Agent	
<b>5</b> 1011				81	Name				
THOMPSON, LARRY A. 6039 PINEHILL RD NEW PORT RICHEY FL 34668				82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	······	
		. = 3.000		84	64		<del></del>	<del></del>	
					City	FL 85 Zip Code			•
1. Pursuant i or register familiar wi	to the provision ed agent, or b th, and accept	ns of Sections 607.0502 oth, in the State of Flori the obligations of, Sect	2 and 607.1508, Florida Statu da. Such change was author tion 607.0505, Florida Statute	ites, the above-i ized by the corp is.	named corpor coration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appr	rpose of ch ointment as	anging its registere	registered offici d agent. I am
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SIGNATURE: PATRICIA TO THE OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR THOMPSON TH

Daylime Phone #

Date