


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S95826</b> 1. Entity Name <b>BUILDING RESTORATION SYSTEMS, INC.</b>	
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Principal Place of Business <b>9400 RIVER CROSSING BLVD. SUITE 102 NEW PORT RICHEY, FL 34655 US</b>	Mailing Address <b>9400 RIVER CROSSING BLVD. SUITE 102 NEW PORT RICHEY, FL 34655 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3105912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>DEEB, ALEX R 9400 RIVER CROSSING BLVD. SUITE 102 NEW PORT RICHEY, FL 34655</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEEB, RICHARD G 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIBBLE, MARIENA D 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIETERS, STEPHANIE D 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEEB, ADAM R 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEB, RICHARD J II 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEB, THOMAS P 9400 RIVER CROSSING BLVD., SUITE 102 NEW PORT RICHEY, FL 34655

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IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard G Deeb President*

Date

Daytime Phone #

**727-376-6831**