

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K65034

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC6743835437**

**Entity Name:** JOHN VOLK RESTORATIONS INC.

**Current Principal Place of Business:**

1101 CLARE AVE.  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

325 ALBERMARLE RD.  
WEST PALM BEACH, FL 33405

**FEI Number:** 65-0109787

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LORY VOLK  
325 ALBEMARLE RD  
WEST PALM BEACH, FL 33405 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name VOLK, JOHN  
Address 325 ALBEMARLE RD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title V  
Name VOLK, LORY  
Address 325 ALBEMARLE RD  
City-State-Zip: WEST PALM BEACH FL 33405

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORY VOLK

VP

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date