

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000078064

**Entity Name:** RESTORE 24, INC.

**Current Principal Place of Business:**

5152-1 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5152-1 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-3401127

**Certificate of Status Desired:** No

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

SAMS, JASON  
5152-1 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216 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 P  
Name SAMS, JASON  
Address 3872 PONTE VE DR. A CT  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JASON SAMS

**OWNER**

**06/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date