

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054281

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: HABITAT RESTORATION RESOURCES, INC.

**Current Principal Place of Business:**

17 NW 38 PLACE  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

605 COLONIA LANE E  
SUITE B  
NOKOMIS, FL 34275

**Current Mailing Address:**

PO BOX 1267  
NOKOMIS, FL 342741267

**New Mailing Address:**

FEI Number: 65-1037432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

JOHNS, CHRISTINE M  
613 BARNES PKWY  
NOKOMIS, FL 34275      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: EGAN, ROBERT J  
Address: 17 NW 38TH PLACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: PD ( ) Delete  
Name: EGAN, LAUREL A  
Address: 17 NW 38TH PLACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: T ( ) Delete  
Name: JOHNS, CHRISTINE M  
Address: 613 BARNES PKWY  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE M. JOHNS

CFO

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date