

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: HABITAT RESTORATION RESOURCES, INC.

Current Principal Place of Business:

605 COLONIA LANE E
SUITE B
NOKOMIS, FL 34275

New Principal Place of Business:

605 COLONIA LANE E
SUITE B
NOKOMIS, FL 34275 US

Current Mailing Address:

PO BOX 1267
NOKOMIS, FL 342741267

New Mailing Address:

PO BOX 1267
NOKOMIS, FL 342741267 US

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

OFFICERS AND DIRECTORS:

Title: VD
Name: EGAN, ROBERT J
Address: 1945 CORAL POINT DR
City-St-Zip: CAPE CORAL, FL 33930

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

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

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: CHRISTINE M. JOHNS

T

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date