


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-14-2008 90020 033 ***150.00

DOCUMENT # P0600065932
 1. Entry Name
COLLATERAL RECOVERY SPECIALISTS, INC



Principal Place of Business 4415 FLA NATIONAL DR #106 LAKELAND, FL 33813 US	Mailing Address P.O. BOX 1431 MULBERRY, FL 33860 US
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4840509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 LANIER, LINDA S
 5118 LAZY CREEK CT
 LAKELAND, FL 33811

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, LINDA S 5118 LAZY CREEK CT LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAYTON, MATHEW M 4522 LOWER MEADOW RD MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAYTON, PAMELA L 4522 LOWER MEADOW RD MULBERRY, FL 33860
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Pamela Layton (Pamela Layton)* **3/06/08** **425-2304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #