

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016100

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** INSTANT RECOVERY SERVICES CORP.

**Current Principal Place of Business:**

1729 OLD MIDDLEBURG RD N.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

1729 OLD MIDDLEBURG RD N.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 30-0533695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILLIPS, KENNETH J  
5810 STUART AVE  
JACKSONVILLE, FL 32254 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: DPST  
Name: PHILLIPS, KENNETH J  
Address: 1729 OLD MIDDLEBURG RD N.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: DPST  
Name: PHILLIPS, KENNETH J  
Address: 1729 OLD MIDDLEBURG RD N.  
City-St-Zip: JACKSONVILLE, FL 32210

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: KENNETH J PHILLIPS

DPST

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date