

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

12 JUN 11 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P11000074733
1. Entity Name
AMERICAN ASSET RECOVERY INC.

Principal Place of Business 989 ALBION SW <i>ST NW</i> PALM BAY, FL 32907 US	Mailing Address 989 ALBION SW PALM BAY, FL 32907 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



05102012 Chg-P CR2E034 (12/11)

6. Name and Address of Current Registered Agent

STEPHENSON, JASON
989 ALBION ~~SW~~ *ST NW*
PALM BAY, FL 32907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **6-6-12** DATE

FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	STEPHENSON, JAMES	
STREET ADDRESS	1407 STONEY SPRING RD	
CITY-ST-ZIP	VADALIA, OH 45377	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STEPHENSON, CYNTHIA	
STREET ADDRESS	1407 STONEY SPRING RD	
CITY-ST-ZIP	VADALIA, OH 45377	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEPHENSON, JASON	
STREET ADDRESS	1407 STONEY SPRING RD	
CITY-ST-ZIP	VADALIA, OH 45377	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

500236164235

06/11/12--01002--013 ***150.00

JUN 11 2012

S. PRATHER

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: **6-6-12** DATE

E-MAIL ADDRESS