2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-20-2004 90009 038 ***150.00

54036751

DOCUMENT # V10829

1. Entity Name
ALL AMERICAN RECOVERY OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3633 LENOX AVE JACKSONVILLE, FL 32205	3633 LENOX AVE JACKSONVILLE, FL 32205

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2903 Srtickland St.	2903 Strickland St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL.	City & State: Jacksonville, FL.
Zip: 32254 Country: USA	Zip: 32254 Country: USA

4. FEI Number 59-3103155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, THOMAS G., JR.
3633 LENOX AVENUE
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent

Name: Carter, Thomas G. Jr
Street Address (P.O. Box Number is Not Acceptable): 2903 Strickland St.
City: Jacksonville FL Zip Code: 32254

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	DPS ☐ Change ☐ Addition
NAME	CARTER, THOMAS G., JR.	NAME	Carter, Thomas G. Jr.
STREET ADDRESS	3633 LENOX AVE	STREET ADDRESS	2903 Strickland St.
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	Jacksonville, FL. 32254
TITLE	T ☐ Delete	TITLE	T ☐ Change ☐ Addition
NAME	CARTER, THOMAS G.	NAME	Carter, Thomas G.
STREET ADDRESS	3633 LENOX AVE	STREET ADDRESS	2903 Strickland St.
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	Jacksonville, FL. 32254
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: T. G. Carter 4-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #