

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10829

FILED
Mar 30, 2009
Secretary of State

Entity Name: ALL AMERICAN RECOVERY OF JACKSONVILLE, INC.

Current Principal Place of Business:

2903 STRICKLAND ST.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2903 STRICKLAND ST.
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3103155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, THOMAS G III
2903 STRICKLAND ST.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CARTER, THOMAS G III
Address: 2903 STRICKLAND ST.
City-St-Zip: JACKSONVILLE, FL 32254

Title: T () Delete
Name: CARTER, THOMAS G III
Address: 2903 STRICKLAND ST.
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS CARTER

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date