

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 481133

**Entity Name:** AMERICAN RECOVERY SERVICE, INC.

**Current Principal Place of Business:**

66 S. WINTER PARK DR  
CASSELBERRY, FL 32707

**Current Mailing Address:**

P.O. BOX 574227  
ORLANDO, FL 32857-4227 US

**FEI Number:** 59-1608886

**Certificate of Status Desired:** No

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

BLAND, THOMAS R  
66 S. WINTER PARK DRIVE  
CASSELBERRY, FL 32707 US

*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

**Officer/Director Detail :**

Title	P	Title	S
Name	BLAND, THOMAS R.	Name	ENGELBERG, STEPHANIE
Address	66 S. WINTER PARK DR.	Address	265 ROLLINGWOOD TRAIL
City-State-Zip:	CASSELBERRY FL	City-State-Zip:	ALTAMONTE SPRINGS FL

*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:** THOMAS R. BLAND

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date