

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094731

Entity Name: ABSOLUTE RECOVERY SPECIALIST, INC.

Current Principal Place of Business:

1209 N STATE ST
BUNNELL, FL 32110

Current Mailing Address:

PO BOX 217
BUNNELL, FL 32110

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAURA, GALLIEN L
1209 N STATE ST
BUNNELL, FL 32110 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
Name RAIMONDO, JOSEPH A
Address P O BOX 217
City-State-Zip: BUNNELL FL 32110

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: JOSEPH A RAIMONDO

PRESIDENT

04/13/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date