

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000085426

**Entity Name:** SECURITY RECOVERY CORP.

**Current Principal Place of Business:**

7701 HAMMOND BLVD  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

7701 HAMMOND BLVD  
JACKSONVILLE, FL 32220 US

**FEI Number:** 45-3473242

**Certificate of Status Desired:** No

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

PHILLIPS, DONNA L  
7701 HAMMOND BLVD  
JACKSONVILLE, FL 32220 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 DPST  
Name PHILLIPS, DONNA L  
Address 7701 HAMMOND BLVD  
City-State-Zip: JACKSONVILLE FL 32220

*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:** DONNA L PHILLIPS

DPST

02/06/2013

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

\_\_\_\_\_  
Date