

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001469

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC1886319184**

**Entity Name:** COMPLETE PAYMENT RECOVERY SERVICES, INC.

**Current Principal Place of Business:**

11601 ROOSEVELT BVLD., N.  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

11601 ROOSEVELT BVLD., N.  
ST. PETERSBURG, FL 33716 US

**FEI Number: 58-2595258**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            SECRETARY  
Name            CLARK, GEMEL  
Address        11601 ROOSEVELT BVLD., N.  
City-State-Zip: ST. PETERSBURG FL 33716

Title            TREASURER/DIRECTOR  
Name            CLARK, GEMEL  
Address        11601 ROOSEVELT BVLD., N.  
City-State-Zip: ST. PETERSBURG FL 33716

Title            PRESIDENT  
Name            AKINS, BARBARA "ANN"  
Address        11601 ROOSEVELT BVLD., N.  
City-State-Zip: ST. PETERSBURG FL 33716

Title            DIRECTOR  
Name            AKINS, BARBARA "ANN"  
Address        11601 ROOSEVELT BVLD., N.  
City-State-Zip: ST. PETERSBURG FL 33716

*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: GEMEL CLARK**

**SECRETARY**

**04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date