

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004711

FILED
Feb 03, 2009
Secretary of State

Entity Name: OIL RECOVERY COMPANY, INC. OF ALABAMA

Current Principal Place of Business:

1101 S. CONCEPTION STREET
MOBILE, AL 36603 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1803
MOBILE, AL 36633 US

New Mailing Address:

FEI Number: 63-0991741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, JOHN C
661 NORTH EAST HARBOUR DRIVE
BOCA RATON, FL 33431 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: C () Delete
Name: COLLINS, JOHN C
Address: 1101 S. CONCEPTION STREET
City-St-Zip: MOBILE, AL 36603

Title: PSTC () Delete
Name: JONES, FRANCIS P
Address: 1101 S. CONCEPTION STREET
City-St-Zip: MOBILE, AL 36603

Title: VD () Delete
Name: SMITH, MARION W
Address: 1101 S. CONCEPTION STREET
City-St-Zip: MOBILE, AL 36603

Title: D () Delete
Name: RICHERRSON, DON L
Address: 1101 S. CONCEPTION STREET
City-St-Zip: MOBILE, AL 36603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANCIS P JONES

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date