

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90282 031 \*\*\*150.00

**DOCUMENT # F06000000255**

1. Entity Name  
**RENTSYS RECOVERY SERVICES, INC.**



Principal Place of Business  
**6700 HOLISTER  
HOUSTON, TX 77040**

Mailing Address  
**6700 HOLISTER  
HOUSTON, TX 77040**

40070444



04122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3722962**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	BROCKMAN, ROBERT T.	
STREET ADDRESS	6700 HOLISTER	
CITY-ST-ZIP	HOUSTON, TX 77040	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORPE, ALFRED J.	
STREET ADDRESS	2700 POST OAK BLVD., STE. 1440	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT F.	
STREET ADDRESS	150 CALIFORNIA ST., 19TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	P	<input type="checkbox"/> Delete
NAME	NALLEY, ROBERT M.	
STREET ADDRESS	6700 HOLISTER	
CITY-ST-ZIP	HOUSTON, TX 77040	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	COOPER, CARLAN M.	
STREET ADDRESS	6700 HOLISTER	
CITY-ST-ZIP	HOUSTON, TX 77040	
TITLE	XS	<input type="checkbox"/> Delete
NAME	BUNNEY, KENNETH	
STREET ADDRESS	6700 HOLISTER	
CITY-ST-ZIP	HOUSTON, TX 77040	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGAN, DAN S.	
STREET ADDRESS	6700 HOLISTER	
CITY-ST-ZIP	HOUSTON, TX 77040	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, ROBERT D.	
STREET ADDRESS	6700 HOLISTER	
CITY-ST-ZIP	HOUSTON, TX 77040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wage  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07  
Date

Daytime Phone #