

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90031 025 ***150.00

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1. Entity Name

FIDELIS RECOVERY SOLUTIONS, INCORPORATED

Principal Place of Business

621 COMMERCE DR
UPPER MARLBORO MD 20774

Mailing Address

1290 BAY DALE DR
PMB 315
ARNOLD MD 21012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Fidelis Recovery Solutions, Inc.
1395 S. Marietta Parkway
Building 500; Suite 200
Marietta, GA 30067

USA

Fidelis Recovery Solutions, Inc.
1395 S. Marietta Parkway
Building 500; Suite 200
Marietta, GA 30067

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-4020836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE FL 32301

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	CRANDALL, BRET	
STREET ADDRESS	621 COMMERCE DR	
CITY-ST-ZIP	UPPER MARLBORO MD 20774	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	CRANDALL, LORI	
STREET ADDRESS	621 COMMERCE DR	
CITY-ST-ZIP	UPPER MARLBORO MD 20774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John McDanamara	
STREET ADDRESS	1395 So. Marietta Pkwy, Bldg 500, #200	
CITY-ST-ZIP	Marietta, Ga 30067	
TITLE	Bret Crandall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bret Crandall	
STREET ADDRESS	1395 So Marietta Pkwy, Bldg 500, #200	
CITY-ST-ZIP	Marietta, Ga 30067	
TITLE	Linda McDanamara	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda McDanamara	
STREET ADDRESS	1395 So Marietta Pkwy, Bldg 500, #200	
CITY-ST-ZIP	Marietta, Ga 30067	
TITLE	Lori Crandall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Crandall	
STREET ADDRESS	1395 So. Marietta Pkwy, Bldg 500, #200	
CITY-ST-ZIP	Marietta, Ga 30067	
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 Section 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:

Linda K. McDanamara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-07 678-797-9355

Date

Daytime Phone #