


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90032 041 ***150.00

DOCUMENT # F98000000395	
1. Entity Name STUDENT LOAN RECOVERY CENTER, INC.	

Principal Place of Business 859 WATERMAN ROAD SOUTH JACKSONVILLE, FL 32207	Mailing Address PMB 102 4446 HENDRICKS AVE. JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



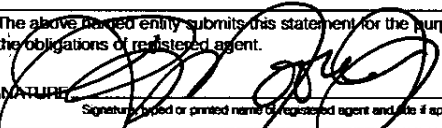
01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3483003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORER, JOSEPH P JR. 24495 MARSHLANDING RD PONTE VEDRA BEACH, FL 32082
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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:  DATE: 2/22/04

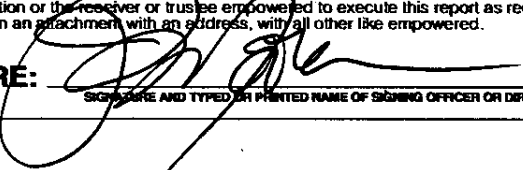
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOORER, JOSEPH P JR. 25495 Marsh Landing Pkwy PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GROFF, NATHAN 859 WATERMAN ROAD SOUTH JACKSONVILLE, FL 32207
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 2/22/04 904 373-1949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR