

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77409

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** ACCOUNTS RECOVERY SPECIALISTS, INC.

**Current Principal Place of Business:**

9951 ATLANTIC BLVD.  
SUITE 323-15  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

9951 ATLANTIC BLVD.  
SUITE 323-15  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 59-2998335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LILLIBRIDGE, ROBERT P.  
9951 ATLANTIC BLVD.  
SUITE 323-15  
JACKSONVILLE, FL 32225 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LILLIBRIDGE, ALICE H.  
Address: 9951 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL

Title: D  
Name: LILLIBRIDGE, ROBERT P.  
Address: 9951 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL

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: ALICE H LILLIBRIDGE

DP

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date