2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L78429

1. Entity Name
RECOVERY ASSOCIATES, INC.

Principal Place of Business
8241 SOUTH US 1
SUITE 202
PORT ST LUCIE, FL 34952 US

Mailing Address
8241 SOUTH US 1
SUITE 202
PORT ST LUCIE, FL 34952 US

04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0200739 — ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOHL, GORDON
8241 SOUTH US 1
STE 202
PT. ST. LUCIE, FL 34952

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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 _____
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BOHL, GORDON
STREET ADDRESS	8241 SOUTH US 1
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	VPD
NAME	VERFAILLIE, ROLAND
STREET ADDRESS	8241 SOUTH US 1
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	PD
NAME	LINTON, IRENE
STREET ADDRESS	8241 SOUTH US 1
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80030-021 158.75

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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: Gordon Bohl 4-20-05 772-878-9368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #