FILED
May 02, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M73196

1. Entity Name
THE RECOVERY ROOM OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
4765 S. SEMORAN BLVD. ORLANDO, FL 32822	4765 S. SEMORAN BLVD. ORLANDO, FL 32822

DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2884592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORN, GEORGE W
1628 CONWAY ISLE CIR.
ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

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

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $500.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORN, GEORGE W.
STREET ADDRESS	1628 CONWAY ISLE CIR
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000352051
05/03/05-80011-023 150.00

DO NOT WRITE IN THIS SPACE

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 alteration, with all other like empowered.

SIGNATURE: _____ 4-28-05 4072778778
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR LIMITED PARTNER. Date Daytime Phone #