


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000002505 1. Entity Name GREAT RECOVERIES, INC.	
---	---

Principal Place of Business 2295 PASCO STREET TALLAHASSEE, FL 32310	Mailing Address P.O. BOX 7143 TALLAHASSEE, FL 32314
---	---

DO NOT WRITE IN THIS SPACE

FILED
05 APR 13 PM 1:09
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1650054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOZEMAN, BARBARA J
2295 PASCO STREET
TALLAHASSEE, FL 32310**

**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 Barbara J. Bozeman - Barbara J. Bozeman DATE 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZEMAN, BARBARA J 233 KENDALL DR. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MITCHELL, MARY 2130 CHARTER OAK DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVENT, MARY 1515-63 PAUL RUSSELL RD. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOZEMAN, SABRIANA K 3295 LONG LAKE DR. DULTHA, GA 30311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, HARRIET 3194 NOTRE DAME ST TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400054000944
05/06/05--01038--003 **70.00

**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 617, 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: Barbara J. Bozeman, Barbara J. Bozeman DATE 4/13/05 (850) 222-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR