

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001093

FILED
Apr 28, 2005
Secretary of State

Entity Name: PROFESSIONAL ASSET RECOVERY ASSOCIATION, INC.

Current Principal Place of Business:

1815 MICCOSUKEE COMMONS DR
SUITE 106
TALLAHASSEE, FL 323084368

New Principal Place of Business:

Current Mailing Address:

1815 MICCOSUKEE COMMONS DR
SUITE 106
TALLAHASSEE, FL 323084368

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSON, BRENDA M
1815 MICCOSUKEE COMMONS DRIVE
SUITE 106
TALLAHASSEE, FL 323084368 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: PD () Delete
Name: CARSON, BRENDA M
Address: 1815 MICCOSUKEE COMMONS DRIVE, STE 106
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPTD () Delete
Name: TRAYLOR, PAT
Address: PO BOX 5031
City-St-Zip: CLEARWATER, FL 34618

Title: D () Delete
Name: ALLEN, TOM
Address: 3714 N.W. 9TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: CARSON, HARRY B
Address: 6316 DUCK CALL COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA M. CARSON

PR

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date