


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000036419 1. Entity Name COST RECOVERY GROUP, INC.	
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Principal Place of Business 1062 HENLEY DOWNS PLACE LAKE MARY, FL 32746	Mailing Address 1062 HENLEY DOWNS PLACE LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3682750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KELCHNER, TERRY
1062 HENLEY DOWNS PLACE
HEATHROW, FL 32746

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000233972 02/18/05 00001 010 150.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MAZO, MARC 14252 PUFFIN CT CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KELCHNER, TERRY 1062 HENLEY DOWNS PL. LAKE MARY, FL 327461972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(f), 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: Terry Kelchner **TERRY KELCHNER** 1-4-05 407-804-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #