2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083585

Entity Name: SAFETY HARBOR RECOVERY, INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1185 CEDAR STREET 1886 N. HERCULES AVE SAFETY HARBOR, FL 34695

UNIT K

CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

PO BOX 802 PO BOX 802

PALM HARBOR, FL 34682 PALM HARBOR, FL 346820802 US

FEI Number: 59-3676064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOLINE, RAYMOND JOLINE, RAYMOND 633 SOÚNDVIEW DR 3465 KÉYSTONE RD

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34688 US

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: RAYMOND JOLINE 04/26/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

JOLINE, RAYMOND JOLINE, RAYMOND Name: Name: 633 SOUNDVIEW DR 3465 KEYSTONE RD Address: Address:

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TARPON SPRINGS, FL 34688

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 Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND JOLINE 04/26/2004 D