2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# P00000083585

Entity Name: SAFETY HARBOR RECOVERY, INC.

Current Principal Place of Business:

1886 N. HERCULES AVE
UNIT K
CLEARWATER, FL 33765 US

New Principal Place of Business:

5415 PROVOST DRIVE
HOLIDAY, FL 34690 US

Current Mailing Address:

PO BOX 802
PALM HARBOR, FL 34682 US

New Mailing Address:

3465 KEYSTONE ROAD
TARPON SPRINGS, FL 34688 US

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

Name and Address of Current Registered Agent:

JOLINE, RAYMOND
3465 KEYSTONE RD
TARPON SPRINGS, FL 34688 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOLINE, RAYMOND
Address: 3465 KEYSTONE RD
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: RAYMOND JOLINE D 07/21/2005

Electronic Signature of Signing Officer or Director Date