

FILED
May 06, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000046008		
1. Entity Name CENTRAL STATE RECOVERY, INC.		
Principal Place of Business 1649 11TH ST SARASOTA, FL 34236		Mailing Address 1649 11TH ST SARASOTA, FL 34236
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-1098303		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NOWLING, LESLIE J 1649 11TH ST SARASOTA, FL 34236		
DO NOT WRITE IN THIS SPACE		
6. 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-incorporating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees
		U00000157443 05/06/04-80026-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NOWLING, LESLIE J 1649 11TH ST SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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)(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: <i>Leslie J Nowling</i>		<i>4/29/04 94-365-7022</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #