## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # P01000051398\_ · S.L. ŘECOVERY, INC. Principal Place of Business Mailing Address POST OFFICE BOX 291273 POST OFFICE BOX 291273 DAVIE, FL 33329 DAVIE, FL 33329 03102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3727728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LESSARD, SERGE 8005 SW 29 ST DAVIE, FL 33328 IN THIS SPACE entity submits this statement of the purpose of 8. The above name hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations edistered agent. SIGNATURE egistered agent and life if applicable INOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS מפ TITLE NAME LESSARD, SERGE UUUQQQIQ4180 8005 SW 29 STREET STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 VSD TITLE LESSARD, DEBORAH NAME 8005 SW 29 STREET STREET ADDRESS CRTY-ST-ZIP **DAVIE, FL 33328** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C8TY - ST - 71P TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the observation 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:

NATIONAND TYPED OR PROVIED NAME OF SIGNING OFFICER OR DISSCITOR

031404

**FILED** 

Daytime Phone #