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Secretary of State
03-15-2007 90031 005 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000076812

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1. Entity Name
HERNANDO RECOVERY, INC.

Principal Place of Business	Mailing Address
1555 EAST JEFFERSON STREET BROOKSVILLE, FL 34601	P.O. BOX 187 BROOKSVILLE, FL 34605-0187 US

03132007 Chg-P CR2E034 (1.06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3753081
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RITCHOTTE, WILLIAM J P.O. BOX 187 BROOKSVILLE, FL 34605-0187	Name Street Address (P.O. Box Number is Not Acceptable) 21427 Campbell Dr City Brooksville FL. Zip Code 34601

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 William J Ritchotte
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOHOLLAND, MICHAEL L P.O. BOX 1207 BROOKSVILLE, FL 346051207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Moholland, Michael L 14053 Allston Ave Spring Hill, FL 34609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RITCHOTTE, JOAN 21427 CAMPBELL DRIVE BROOKSVILLE, FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ritchotte, Joan 87 river road, #20, po box 102 Pittsfield, NH 03263	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELEO, SANDRA 21415 CAMPBELL DR BROOKSVILLE, FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 3-11-07 727-619-0603
SIGNATURE AND TYPE OR PRINT NAME OF CORPORATE OFFICER OR DIRECTOR Date Daytime Telephone Number