


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90031 038 ***150.00

DOCUMENT # P01000106640			
1. Entity Name DMV RECOVERY, INC.			
Principal Place of Business 4036 EDISON AVENUE FORT MYERS, FL 33916		Mailing Address 4036 EDISON AVENUE FORT MYERS, FL 33916	
2. Principal Place of Business 4028 B EDISON AVE		3. Mailing Address PO BOX 7875	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. MYERS FL		City & State FT. MYERS FL	
Zip 33916	Country USA	Zip 33911	Country USA



01242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GLOVER, DAVID J 4036 EDISON AVENUE FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name <u>Glover, David J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4028 B EDISON AVE</u> City <u>FT. MYERS</u> FL Zip Code <u>33916</u>	
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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 [Signature] DAVID J. GLOVER 1/25/05
 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, DAVID J 1507 BRAEBURN RD FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGE JR., WAYNE A 4036 EDISON AVE FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGE JR., WAYNE A 4028 B EDISON AVE FT. MYERS FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, WILLIAM P II 172 DOW LANE NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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 the information empowered.

SIGNATURE: [Signature] William P. Glover II 1/25/05 239-337-4404
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #