

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108959

FILED
Jul 05, 2005
Secretary of State

Entity Name: SPECIALIZED COLLATERAL RECOVERY CORP.

Current Principal Place of Business:

10817 NEW KINGS RD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

10817 NEW KINGS RD
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 30-0027180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD A. CAPLAN, ATTORNEY, P.A.
6260 DUPONT STATION CORT
C
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANGANI, SANDY MS.
Address: 9126 WEHRLE RD
City-St-Zip: CLARENCE, NY 14031

Title: D () Delete
Name: LANE, JODY MS.
Address: 115 RED OAK LANE
City-St-Zip: CONROE, TX 77304

Title: P () Delete
Name: KEETON, ROBERT A MR.
Address: 4622 DEEP RIVER PL
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: KEETON, JEFF R MR.
Address: 4622 DEEP RIVER PL
City-St-Zip: JACKSONVILLE, FL 32224

Title: S/T () Delete
Name: KEETON, DIANA MS.
Address: 4622 DEEP RIVER PL
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT KEETON

MR.

07/05/2005

Electronic Signature of Signing Officer or Director

Date