

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111044

Entity Name: A & M RECOVERY SERVICES, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

5001 S.W. CR. 100A  
STARKE, FL 32091

## New Principal Place of Business:

308 S THOMPSON STREET  
STARKE, FL 32091

## Current Mailing Address:

5001 S.W. CR. 100A  
STARKE, FL 32091

## New Mailing Address:

308 S THOMPSON STREET  
STARKE, FL 32091

FEI Number: 47-0894842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, MARK  
5001 S.W. CR. 100A  
STARKE, FL 32091 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: DP ( ) Delete  
Name: STRICKLAND, IRA A  
Address: 6188 KINGLSEY LAKE DR.  
City-St-Zip: STARKE, FL 32091

Title: DV ( ) Delete  
Name: STRICKLAND, MARK A  
Address: 5001 S.W. CR. 100A  
City-St-Zip: STARKE, FL 32091

Title: DV ( ) Delete  
Name: STRICKLAND, SUZANNE B  
Address: 6188 KINGSLEY LAKE DR.  
City-St-Zip: STARKE, FL 32091

Title: DT ( ) Delete  
Name: STRICKLAND, DAWN  
Address: 5001 SW CR. 100A  
City-St-Zip: STARKE, FL 32091

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: STRICKLAND, IRA A  
Address: 6202 KINGLSEY LAKE DR.  
City-St-Zip: STARKE, FL 32091

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

Title: DV (X) Change ( ) Addition  
Name: STRICKLAND, SUZANNE B  
Address: 6202 KINGSLEY LAKE DR.  
City-St-Zip: STARKE, FL 32091

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUZANNE B. STRICKLAND

DV

04/30/2007

Electronic Signature of Signing Officer or Director

Date