FILED
May 02, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000111044

1. Entity Name
A & M RECOVERY SERVICES, INC.

Principal Place of Business	Mailing Address
308 S THOMPSON STREET STARKE, FL 32091	308 S THOMPSON STREET STARKE, FL 32091

04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0894642
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000945186
05/29/08-80126-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STRICKLAND, IRA A
STREET ADDRESS	6202 KINGLSEY LAKE DR.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	DV
NAME	STRICKLAND, MARK A
STREET ADDRESS	5001 S.W. CR. 100A
CITY-ST-ZIP	STARKE, FL 32091
TITLE	DV
NAME	STRICKLAND, SUZANNE B
STREET ADDRESS	6202 KINGSLEY LAKE DR.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	DT
NAME	STRICKLAND, DAWN
STREET ADDRESS	5001 SW CR. 100A
CITY-ST-ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-29-08 904-509-7178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #