

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90030 033 ***150.00

DOCUMENT # P02000133604

1. Entity Name
RECAP, INC.



Principal Place of Business
2019 CENTRE POINTE
SUITE 101
TALLAHASSEE, FL 32308

Mailing Address
2019 CENTRE POINTE
SUITE 101
TALLAHASSEE, FL 32308

94059701



2. Principal Place of Business
2019 Centre Pointe Blvd.

3. Mailing Address
2019 Centre Pointe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
01-0758051

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BREWSTER, JAMES R
THE WALKER BUILDING, SUITE 203
547 NORTH MONROE STREET
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2004 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 IN 11

TITLE D ☐ Delete
NAME MOTTICE, JOHN P
STREET ADDRESS 2019 CENTRE POINTE, SUITE 101
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2019 Centre Pointe Blvd., Suite 101
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MOTTICE, H. JAY
STREET ADDRESS 2019 CENTRE POINTE, SUITE 101
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2019 Centre Pointe Blvd., Suite 101
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

[Signature] Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

850-386-2117

Daytime Phone #