

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057613

1. Entity Name
A & H RECOVERY SPECIALISTS, INC.



FILED

05 MAY 13 PH 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3485 CRUMP RD.
TALLAHASSEE, FL 32308

Mailing Address
3485 CRUMP RD.
TALLAHASSEE, FL 32308

2. Principal Place of Business
8019 Red Eagle Dr.
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.



05132005 Chg-P CR2E034 (10/03)

City & State
Tallahassee FL
Zip 32312 Country US

City & State
/
Zip Country

4. FEI Number
43-2015476
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDERSON, MIKE ☐ Delete
STREET ADDRESS 3485 CRUMP RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ST
NAME ANDERSON, ~~KIMBERLY~~ Kimberlei ☐ Delete
STREET ADDRESS 3485 CRUMP RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 8019 Red Eagle Dr.
STREET ADDRESS Tallahassee FL 32312
CITY-ST-ZIP

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-13-05