

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083653

FILED
Feb 15, 2005
Secretary of State

Entity Name: PORT RECOVERY SERVICES, INC.

Current Principal Place of Business:

2085 BLUE SPRINGS RD
WEST PLAM BEACH, FL 33411

New Principal Place of Business:

6615 BOYNTON BEACH BLVD #310
BOYNTON BEACH, FL 33437

Current Mailing Address:

6615 BOYNTON BEACH BLVD
310
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 51-0476416 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, WILLIAM M
6615 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 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: P () Delete
Name: THOMAS, ALEYKA A
Address: 6615 BOYNTON BEACH BLVD #310
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALEYKA A THOMAS

P

02/15/2005

Electronic Signature of Signing Officer or Director

Date