

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011852

FILED
Jan 08, 2009
Secretary of State

Entity Name: RECOVERY CONTRACTING SOLUTIONS INC

Current Principal Place of Business:

1409 WHOOPING DR
GROVELAND, FL 34736

New Principal Place of Business:

1105 WINDY BLUFF DR.
MINNEOLA, FL 34715

Current Mailing Address:

1409 WHOOPING DR
GROVELAND, FL 34736

New Mailing Address:

1105 WINDY BLUFF DR.
MINNEOLA, FL 34715

FEI Number: 20-4202011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KABA CONSULTING INC
214 E WASHINGTON ST.
SUITE A
MINNEOLA, FL 34715 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: FERRIS, CHRISTIAN H
Address: 1409 WHOOPING DR.
City-St-Zip: GROVELAND, FL 34736

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NIBAREER, TROY
Address: 1105 WINDY BLUFF DR.
City-St-Zip: MINNEOLA, FL 34715

Title: VP () Change (X) Addition
Name: MITCHELL, TIMOTHY S
Address: 12946 COLONNADE CIR
City-St-Zip: CLERMONT, FL 34711

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: TROY NIBAREER

P

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date