2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000014461

1. Entity Name
R.& H. INVESTIGATIONS & RECOVERY, INC.

FILED
Feb 29, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1500 US HIGHWAY 27 S AVON PARK, FL 33825-2151	1500 US HIGHWAY 27 S AVON PARK, FL 33825-2151

DO NOT WRITE IN THIS SPACE

01302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4211687	Not Applicable

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

6. Name and Address of Current Registered Agent

CHANEY, ROYCE
362 PENINSULAR CT.
HAINES CITY, FL 33844-5820

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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_____

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHANEY, ROYCE
STREET ADDRESS	362 PENINSULAR CT.
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	DST
NAME	CHANEY, KATHERINE
STREET ADDRESS	362 PENINSULAR CT.
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/11/08-80067-015 150.00

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: _____   2-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #