

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039879

FILED
Jun 23, 2009
Secretary of State

Entity Name: RECOVERY ONE DISASTER SERVICES, INC.

Current Principal Place of Business:

1827 VILLAGE COURT
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

1827 VILLAGE COURT
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 42-1695363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DWIGHT
1827 VILLAGE COURT
MULBERRY, FL 33860 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WILLIAMS, DWIGHT
Address: 1827 VILLAGE COURT
City-St-Zip: MULBERRY, FL 33860

Title: V () Delete
Name: WILLIAMS, MICHAEL A
Address: 29246 DOWNY PL
City-St-Zip: WESLEY CHAPLE, FL 33544

Title: V () Delete
Name: WILLIAMS, DWAYNE E
Address: 3270 CROSS FOX DR.
City-St-Zip: MULBERRY, FL 33860

Title: P () Delete
Name: WILLIAMS, MEIVALENE
Address: 1827 VILLAGE CT
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DWAYNE E WILLIAMS

V

06/23/2009

Electronic Signature of Signing Officer or Director

Date