

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054343

FILED
Aug 02, 2007
Secretary of State

Entity Name: RECOVERY MANAGEMENT & RESOURCES, INC.

Current Principal Place of Business:

800 OCALA RD
300-107
TALLAHASSEE, FL 32304

New Principal Place of Business:

2741 N SANDALWOOD DR
TALLAHASSEE, FL 32305

Current Mailing Address:

800 OCALA RD
300-107
TALLAHASSEE, FL 32304

New Mailing Address:

2741 N SANDALWOOD DR
TALLAHASSEE, FL 32305

FEI Number: 20-5703182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIERRE, PIERRE
800 OCALA RD
300-107
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

COLLINS-HACKLEY, SHIRLEY
2741 N SANDALWOOD DR
TALLAHASSEE, FL 32305 US

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: SHIRLEY COLLINS-HACKLEY

08/02/2007

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: PRES () Delete
Name: COLLINS-HACKLEY, SHIRLEY
Address: 2741 N SANDALWOOD DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP () Delete
Name: CUMMINGS, CORNELL
Address: 1682 JAYDELL CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC () Delete
Name: TOLLIVER, DON
Address: 53 BRIDLE GATE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TRES () Delete
Name: PIERRE, PIERRE
Address: 800 OCALA RD 300-107
City-St-Zip: TALLAHASSEE, FL 32304

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: SHIRLEY COLLINS-HACKLEY

PRES

08/02/2007

Electronic Signature of Signing Officer or Director

Date