

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054343

FILED
Mar 31, 2009
Secretary of State

Entity Name: RECOVERY MANAGEMENT & RESOURCES, INC.

Current Principal Place of Business:

2741 N SANDALWOOD DR
TALLAHASSEE, FL 32305

New Principal Place of Business:

1682 JAYDELL CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

2741 N SANDALWOOD DR
TALLAHASSEE, FL 32305

New Mailing Address:

1682 JAYDELL CIRCLE
TALLAHASSEE, FL 32308

FEI Number: 20-5703182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CUMMINGS, CORNELL
1682 JAYDELL CIRCLE
TALLAHASSEE, FL 32308 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: CORNELL CUMMINGS

03/31/2009

Electronic Signature of Registered Agent

Date

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: CORNELL CUMMINGS

VP

03/31/2009

Electronic Signature of Signing Officer or Director

Date