

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 016 ***150.00

DOCUMENT # P06000065932

1. Entity Name

COLLATERAL RECOVERY SPECIALISTS, INC



Principal Place of Business

4522 LOWER MEADOW RD
MULBERRY FL 33860
US

Mailing Address

P.O. BOX 1431
MULBERRY FL 33860
US



2. Principal Place of Business - No P.O. Box #

4415 Fla National Dr.

3. Mailing Address

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip

33813

Country

Zip

Country

4. FEI Number

20-4840509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

LANIER, LINDA S
5118 LAZY CREEK CT
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Linda S. Lanier - Linda S. Lanier - President

4/13/07

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANIER, LINDA S ☐ Delete
STREET ADDRESS 5118 LAZY CREEK CT
CITY - ST - ZIP LAKELAND FL 33811

TITLE VP
NAME LAYTON, MATHEW M ☐ Delete
STREET ADDRESS 4522 LOWER MEADOW RD
CITY - ST - ZIP MULBERRY FL 33860

TITLE SEC
NAME LAYTON, PAMELA L ☐ Delete
STREET ADDRESS 4522 LOWER MEADOW RD
CITY - ST - ZIP MULBERRY FL 33860

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Linda S. Lanier - Linda S. Lanier

4/13/07

863-425-2304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #