

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000093572

Entity Name: A-1 RECOVERY INC.

**FILED**  
**Jul 16, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

9602 US HIGHWAY 19  
#1423  
PORT RICHEY, FL 34668

## **New Principal Place of Business:**

6129 SIESTA LANE  
PORT RICHEY, FL 34668

## **Current Mailing Address:**

P.O. BOX 1423  
PORT RICHEY, FL 34673

## **New Mailing Address:**

6129 SIESTA LANE  
PORT RICHEY, FL 34668

FEI Number: 74-3183736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

WATKINS, AARON S  
9602 US HIGHWAY 19  
#1423  
PORT RICHEY, FL 34668 US

## **Name and Address of New Registered Agent:**

WATKINS, AARON S  
6129 SIESTA LANE  
PORT RICHEY, FL 34668 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: AARON WATKINS

07/16/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WATKINS, AARON S  
Address: 9602 US HIGHWAY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP (X) Delete  
Name: MCINTYRE, KATHRYN M  
Address: 6129 SIESTA LANE  
City-St-Zip: PORT RICHEY, FL 34668 US

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WATKINS, AARON S  
Address: 6129 SIESTA LANE  
City-St-Zip: PORT RICHEY, FL 34668

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: AARON WATKINS

P

07/16/2009

Electronic Signature of Signing Officer or Director

Date