

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000093572

Entity Name: A-1 RECOVERY INC.

**FILED**  
**Jun 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6129 SIESTA LANE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

6129 SIESTA LANE  
PORT RICHEY, FL 34668

**New Mailing Address:**

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  
6129 SIESTA LANE  
PORT RICHEY, FL 34668 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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: AARON WATKINS

PRES

06/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date