

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90163 036 \*\*\*150.00

40066013



<b>DOCUMENT # P06000112756</b> 1. Entity Name <b>EQUITABLE RECOVERY SYSTEMS, INC.</b>					
Principal Place of Business <b>4237 SALISBURY ROAD NORTH</b> <b>409</b> <b>JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>4237 SALISBURY ROAD NORTH</b> <b>409</b> <b>JACKSONVILLE, FL 32216 US</b>		
2. Principal Place of Business - No P.O. Box # <i>4237 Salisbury Road N</i>		3. Mailing Address <i>Post Office Box 551510</i>			
Suite, Apt. #, etc. <i>Suite 402</i>		Suite, Apt. #, etc. 			
City & State <i>Jacksonville, Florida</i>		City & State <i>Jacksonville, Florida</i>			
Zip <i>32216</i>	Country <i>USA</i>	Zip <i>32255</i>	Country <i>USA</i>	4. FEI Number <i>20-5460912</i>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WORKMAN, DALE E ESQ</b> <b>4237 SALISBURY ROAD NORTH</b> <b>409</b> <b>JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <i>Dale E. Workman, Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>4237 Salisbury Rd N</i> <i>Suite 402</i> City <i>Jacksonville</i> <b>FL</b> Zip Code <i>32216</i>		
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 <i>[Signature]</i> <i>Dale E. Workman, Esq.</i> <i>4-16-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MUYRES, DAVID J</b> <b>4237 SALISBURY ROAD NORTH, SUITE 409</b> <b>JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>David J. Mures</i> <i>4237 Salisbury Rd N Suite 402</i> <i>Jacksonville, FL 32216</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>VAN WINKEL, ROBERT</b> <b>4237 SALISBURY ROAD NORTH, SUITE 409</b> <b>JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Robert Van Winkel</i> <i>4237 Salisbury Road N Suite 402</i> <i>Jacksonville, FL 32216</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WORKMAN, JENNIFER-EVE</b> <b>4237 SALISBURY ROAD NORTH, SUITE 409</b> <b>JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jennifer-Eve Workman</i> <i>4237 Salisbury Rd N Suite 402</i> <i>Jacksonville, FL 32216</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> <i>Jennifer-Eve Workman</i> <i>4-16-07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-16-07</i> Daytime Phone # <i>(404) 296-1656</i>		