

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000115695

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** FINANCIAL ASSESSMENT & RECOVERY, INC.

**Current Principal Place of Business:**

3340 CRENSHAW LAKE RD.  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 273196  
TAMPA, FL 336883196

**New Mailing Address:**

P.O. BOX 273196  
TAMPA, FL 336883196 US

**FEI Number:** 20-5532284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MYERS, WILLIAM  
3340 CRENSHAW LAKE RD.  
LUTZ, FL 33548 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MYERS, WILLIAM  
Address: P.O. BOX 273196  
City-St-Zip: TAMPA, FL 336883196

Title: VT  
Name: MYERS, MARTHA  
Address: P.O. BOX 273196  
City-St-Zip: TAMPA, FL 336883196

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:** WILLIAM MYERS

P

02/26/2010

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

\_\_\_\_\_  
Date