

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2008 FEB 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-21-08 90020 039 \$158.75



Handwritten initials

DOCUMENT # P06000118781			
1. Entity Name BAD DEBT RECOVERY SERVICES, INC.			
Principal Place of Business 15701 WARBLER PLACE TAMPA, FL 33624-1621 US		Mailing Address 15701 WARBLER PLACE TAMPA, FL 33624-1621 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Entity, Apt. #, etc.		Entity, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FIC Number NOT APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	10. Delete ☒ Add ☐	NAME	11. Change ☐ Addition ☐
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	REMOVE ☐ Delete ☐	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
NAME	☐ Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 40, 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. I am an officer or director of the corporation or the registrant or have been empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if requested, or on an attached sheet with an address, with all other like empowered.			
SIGNATURE: <i>Richard B. Catti</i>		02/25/08	