2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# P06000145194

Entity Name: CENTRAL FLORIDA RECOVERY, INC

Current Principal Place of Business:

800 BARREL AVE
FORT PIERCE, FL 34982

New Principal Place of Business:

3625 PLEASANT ACRES RD
FORT PIERCE, FL 34982

Current Mailing Address:

PO BOX 881133
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-5926218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JOSHUA L
271 SW ALDORO PLACE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

THOMAS, JOSHUA L
3625 PLEASANT ACRES RD
FORT PIERCE, FL 34982 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: JOSHUA L THOMAS 04/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMAS, JOSHUA L
Address: 271 SW ALDORO PLACE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMAS, JOSHUA L
Address: 3625 PLEASANT ACRES RD
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Change (X) Addition
Name: HUBBARD, JEFFREY A
Address: 3625 PLEASANT ACRES RD
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Change (X) Addition
Name: HUBBARD, MEGAN J
Address: 3625 PLEASANT RD
City-St-Zip: FORT PIERCE, FL 34982

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: MEGAN J HUBBARD T 04/25/2009
Electronic Signature of Signing Officer or Director Date