

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000145194

**Entity Name:** CENTRAL FLORIDA RECOVERY, INC

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3625 PLEASANT ACRES RD  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**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  
3625 PLEASANT ACRES RD  
FORT PIERCE, FL 34982 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: THOMAS, JOSHUA L  
Address: 3625 PLEASANT ACRES RD  
City-St-Zip: FORT PIERCE, FL 34982

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

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

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: MEGAN J HUBBARD

TREA

03/30/2011

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

\_\_\_\_\_  
Date