

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151702

FILED
Mar 03, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA RECOVERY SPECIALIST, INC

Current Principal Place of Business:

800 BARREL ROAD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

PO BOX 881133
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JOSHUA L
3581 SW KROMREY STREET
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

THOMAS, JOSHUA L
800 BARREL AVE
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

03/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, JOSHUA L
Address: 3581 SW KROMREY STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP () Delete
Name: ALBURY, ADRIAN R
Address: 3581 SW KROMREY STREET
City-St-Zip: PORT ST LUCIE, FL 34953

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMAS, JOSHUA L
Address: 800 BARREL AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: VP (X) Change () Addition
Name: HUBBARD, JEFFREY A
Address: 1373 SW BELLEVUE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TR () Change (X) Addition
Name: HUBBARD, MEGAN J
Address: 1373 SW BELLEVUE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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

TR

03/03/2008

Electronic Signature of Signing Officer or Director

Date