2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P07000039301

Entity Name: FIRST RECOVERY SERVICE OF FLA. INC.

Current Principal Place of Business:

305 SE 1 AVE
CHIEFLAND, FL 32644

New Principal Place of Business:

2720 N YOUNG BLVD
CHIEFLAND, FL 32626

Current Mailing Address:

PO BOX 1603
CHIEFLAND, FL 326441603

New Mailing Address:

PO BOX 936
CHIEFLAND, FL 32644

FEI Number: 20-8866316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIVERS, TROY J
305 SE 1 AVE
CHIEFLAND, FL 32644 US

Name and Address of New Registered Agent:

SHIVERS, TROY J
305 SE 1 AVE
CHIEFLAND, FL 32626 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: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHIVERS, TROY J
Address: PO BOX 1603
City-St-Zip: CHIEFLAND, FL 326441603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TROY J SHIVERS D 04/28/2008
Electronic Signature of Signing Officer or Director — Date