

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000132518

Entity Name: S.O. RECOVERY, INC.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

2107 ST MARY AVE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

2107 ST MARY AVE
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 26-1588499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, ALI M
2107 ST MARY AVE
PENSACOLA, FL 32505 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: PRES () Delete
Name: JENSEN, ALI M
Address: 2107 ST MARY AVE
City-St-Zip: PENSACOLA, FL 32505

Title: VP (X) Delete
Name: MARKAHAM, ASHLEY E
Address: 2107 ST MARY AVE
City-St-Zip: PENSACOLA, FL 32505

Title: ST (X) Delete
Name: MARKHAM, ASHLEY E
Address: 2107 ST MARY AVE
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALI M JENSEN

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date