## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000105692

Entity Name: STELLAR RECOVERY, INC.

**FILED** Mar 28, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1845 HIGHWAY 93 SOUTH 1327 HIGHWAY 2 WEST SUITE 310 SUITE 100 KALISPELL, MT 55901 KALISPELL, MT 55901

**Current Mailing Address: New Mailing Address:** 

1845 HIGHWAY 93 SOUTH 1327 HIGHWAY 2 WEST SUITE 310 SUITE 100 KALISPELL, MT 55901 KALISPELL, MT 55901

FEI Number: 94-3458446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & GREENE 50 NORTH LAURA STREET **SUITE 2750** JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

SCHANCK, JOHN Name:

1327 HIGHWAY 2 WEST, SUITE 100 Address: City-St-Zip:

KALISPELL, MT 55901 US

Title:

Name: PETERSEN, BOB

1327 HIGHWAY 2 WEST, SUITE 100 Address: KALISPELL, MT 55901 US City-St-Zip:

Title:

SCHANCK, GARRETT A Name:

1327 HIGHWAY 2 WEST, SUITE 100 Address: City-St-Zip: KALISPELLE, MT 59901 US

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: GARRETT A. SCHANCK COO 03/28/2012