

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000030595

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: MISSION RECOVERY, INC.

## Current Principal Place of Business:

316 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 US

## New Principal Place of Business:

## Current Mailing Address:

316 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

STILES, MARY ANN  
315 PLANT AVENUE  
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: SHEBEL, JON L  
Address: 178 SOUTH INDIES DRIVE  
City-St-Zip: MARATHON, FL 33050 US

Title: VP T  
Name: WILLIAMS, THOMAS  
Address: 507 SOUTH PROSPECT AVENUE  
City-St-Zip: TAMPA, FL 33756 US

Title: VP S  
Name: STILES, MARY ANN  
Address: 315 PLANT AVENUE  
City-St-Zip: TAMPA, FL 33606 US

Title: VP  
Name: HAND, G. PATRICK III  
Address: 166 CARYLE DRIVE  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP  
Name: WEAVER, ROSS  
Address: 161 BRIGHTWATER DRIVE, UNIT 6  
City-St-Zip: CLEARWATER BEACH, FL 33767 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: MARY ANN STILES

VPS

04/30/2010

Electronic Signature of Signing Officer or Director

Date