

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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Mar 25, 2004 08:00 AM
Secretary of State

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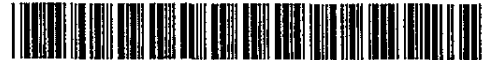
1. Entity Name
STRATEGIC RECOVERY INC



Principal Place of Business
THE EDISON CENTER
SUITE 100
FORT MYERS, FL 33901 US

Mailing Address
PO BOX 07279
FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0048602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KLAUSNER, HARRY
10265 TAMiami TR. N.
NAPLES, FL 33963

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLAUSNER, HARRY
7146 ESTERO BLVD. APT. 713 N
FT MYERS BEACH, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLAUSNER, MORTON
7146 ESTERO BLVD. APT. 713 N
FT MYERS BEACH, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000095878
03/25/04-80006-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #