

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000000176

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** ATCO/BENNETT RECOVERIES, INC.

**Current Principal Place of Business:**

348 WEST 21ST STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8349  
JACKSONVILLE, FL 32239

**New Mailing Address:**

**FEI Number:** 59-3293495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERA, WILFRED  
348 WEST 21ST STREET  
JACKSONVILLE, FL 32206 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: P  
Name: RIVERA, WILFRED  
Address: 348 W 21ST ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: PVD  
Name: RIVERA, ILEANA  
Address: 348 W 21ST ST  
City-St-Zip: JACKSONVILLE, FL 32206

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: WILFRED RIVERA

P

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date