

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000010186

1. Entity Name
D & E RECOVERY INC.



**FILED
Apr 08, 2004 8:00 am
Secretary of State**

04-08-2004 90014 018 ***150.00

24037563

Principal Place of Business
25343 S.W. 142ND AVE
HOMESTEAD, FL 33032 US

Mailing Address
P.O. BOX 924435
HOMESTEAD, FL 33092

2. Principal Place of Business
13001 SW 238 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead FL

City & State

Zip **33032** Country **US**

Zip Country

03192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0553068	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENDERS, LORINDA
23345 S.W. 132ND AVE
HOMESTEAD, FL 33032

Name

Street Address (P.O. Box Number is Not Acceptable)

13001 SW 238 ST
City **Homestead** FL **33032**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME ENDERS, DENNIS
STREET ADDRESS 23345 SW 132 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**13001 SW 238 ST
Homestead FL 33032**

Change Addition

TITLE **D**
NAME ENDERS, LORINDA
STREET ADDRESS 23345 SW 132 AVE
CITY-ST-ZIP HOMESTEAD, FL 33032

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**13001 SW 238 ST
Homestead FL 33032**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 title empowered.

Dennis Engleman Dennis Engleman **4-5-4** **(305)** **258-0558**
SIGNATURE **Dennis Engleman** **4-5-4** **(305)** **258-0558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #