

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-08-2004 90014 018 ***150.00

DOCUMENT # P95000010186

1. Entity Name
D & E RECOVERY INC.



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

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

24037523



2. Principal Place of Business
13001 SW 238 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192004

Chg-P

CR2E034 (10/03)

City & State
Homestead FL

City & State

4. FEI Number
65-0553068

Applied For
Not Applicable

Zip
33032 Country
US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

13001 SW 238 ST

City
Homestead

FL

Zip
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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
13001 SW 238 ST
STREET ADDRESS
Homestead FL 33032 ☒ Change ☐ Addition

TITLE
NAME
13001 SW 238 ST
STREET ADDRESS
Homestead FL 33032 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 the empowered.

SIGNATURE

Dennis Enders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-4 (305) 258-0558