


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90122 001 \*\*\*150.00

<b>DOCUMENT # P95000089003</b>	
1. Entity Name <b>B &amp; W RECOVERY, INC.</b>	

Principal Place of Business <b>1520 S.E. 3RD AVE. FORT LAUDERDALE FL 33316</b>	Mailing Address <b>2800 W. CYPRESS CREEK RD., STE. 100 FORT LAUDERDALE FL 33309</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5233 COCONUT CREEK PARKWAY</b>	
City & State		City & State <b>MARGATE, FLORIDA</b>	
Zip	Country	Zip	Country
		<b>33063-3964</b>	<b>USA</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>WAGNER, BRUCE E 2800 W. CYPRESS CREEK ROAD SUITE 100 FORT LAUDERDALE FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVS WAGNER, BRUCE E 2800 W. CYPRESS CREEK ROAD, STE. 100 FORT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **04/01/05**  
\_\_\_\_\_  
Date Daytime Phone #