

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025158

Entity Name: LOSS RECOVERY, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

5838 COMMERCE ROAD
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

5838 COMMERCE ROAD
MILTON, FL 32583

New Mailing Address:

FEI Number: 59-3380664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, BARRY E
900 N 12TH AVE
PENSACOLA, FL 32501 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAULLIN, GARY
Address: 5838 COMMERCE RD.
City-St-Zip: MILTON, FL 32583

Title: ST () Delete
Name: SILBER, BARRY
Address: 226 E. GOVERNMENT
City-St-Zip: PENSACOLA, FL 32502

Title: VP () Delete
Name: PAULLIN, NATHAN
Address: 5838 COMMERCE RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY PAULLIN

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date