


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000023545</b> 1. Entity Name DONE RIGHT INVESTIGATION & RECOVERY, INC.	
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Principal Place of Business 3208 E. COLONIAL DR., #101 ORLANDO, FL 32803	Mailing Address 3208 E. COLONIAL DR., #101 ORLANDO, FL 32803
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<b>DO NOT WRITE IN THIS SPACE</b>
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6. Name and Address of Current Registered Agent  SMITH, SAM M III 5415 LAKE HOWELL RD SUITE 181 WINTER PARK, FL 32792
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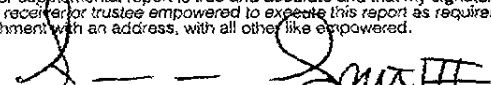
	
01202004 No Chg-P CR2E034 (10/03)	
4. FCI Number 59-3574367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U0000001000?? 03/31/04-80031-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SMITH, CAROL P 3208 E. COLONIAL DR., #101 ORLANDO, FL 32803
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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)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/24/04 Date	407-332-8974 Daytime Phone #