2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000025424

1. Entity Name
RECOVERY RESIDENCES, INC.

Principal Place of Business	Mailing Address
450 NORTHWAKE BLVD #11 LAKE PARK, FL 33403	450 NORTHWAKE BLVD #11 LAKE PARK, FL 33403

DO NOT WRITE IN THIS SPACE

03232004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0862343	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETTERSEN, FRED
450 NORTHLAKE BLVD
SUITE 11
NORTH PALM BEACH, FL 33408

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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 _____ PRESIDENT   3/23/04
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	DTS
NAME	SCHARAVER, WILLIAM
STREET ADDRESS	450 NORTHWAKE BLVD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	DP
NAME	PETTERSON, FRED
STREET ADDRESS	450 NORTHWAKE BLVD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/04-80022-022 150.00

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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: _____ FRED PETTERSEN PRESIDENT 3/23/04 (561) 882-9821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #