

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096255

FILED
Jan 17, 2004
Secretary of State

Entity Name: DUTY RECOVERY SERVICES, INC.

Current Principal Place of Business:

1342 COLONIAL BLVD
BLDG K, SUITE 103
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1342 COLONIAL BLVD
BLDG K, SUITE 103
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0984325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL, STEPHEN
3811 SW 11TH TERRACE
CAPE CORAL, FL 33914 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: DP () Delete
Name: HALL, CORIE L
Address: 5704 LEBLANC AVENUE
City-St-Zip: ANN ARBOR, MI 48103 US

Title: DVST () Delete
Name: HALL, CHRISTOPHER S
Address: 5704 LEBLANC AVENUE
City-St-Zip: ANN ARBOR, MI 48103 US

Title: D () Delete
Name: MUELLER, CONSTANTINE
Address: 8430 W. GULF BLVD., BEACH APT.
City-St-Zip: TREASURE ISLAND, FL 33706

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 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 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: CHRISTOPHER S. HALL

DVST

01/17/2004

Electronic Signature of Signing Officer or Director

_____ Date