

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000029635

**Entity Name:** CREDIT RECOVERY PROGRAM INC.

**Current Principal Place of Business:**

633 NORTH FRANKLIN STREET  
STE. 505  
TAMPA, FL 33602

**Current Mailing Address:**

633 NORTH FRANKLIN STREET  
STE. 505  
TAMPA, FL 33602 US

**FEI Number:** 46-5327940

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LONG, TIFFANI  
633 NORTH FRANKLIN STREET  
STE. 505  
TAMPA, FL 33602 US

*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:** TIFFANI LONG

01/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PTSD  
Name DOMBROSKY, PAUL  
Address 633 NORTH FRANKLIN STREET STE.  
505  
City-State-Zip: TAMPA FL 33602

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL DOMBROSKY

OWNER

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date