

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71532

FILED
Apr 28, 2005
Secretary of State

Entity Name: SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA

Current Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-2315139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCOM, THOMAS
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: PD () Delete
Name: MALCOM, THOMAS D.,
Address: 882 JACKSON AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: JORDAN, BRETT M,
Address: 882 JACKSON AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MALCOM, JOAN W
Address: 882 JACKSON AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: THOMAS D MALCOM

PD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date