


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000074091		
1. Entity Name SPECIALTY CURBS, INC.		
Principal Place of Business 5780 JACK BRACK RD SAINT CLOUD, FL 34771	Mailing Address PO BOX 700627 ST CLOUD, FL 34770-0627	



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

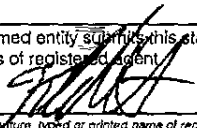
4. FEI Number 59-3350157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FOSHEE, KENNETH A
 5770 JACK BRACK RD
 SAINT CLOUD, FL 34771

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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:  DATE: 4-25-2005

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

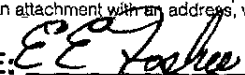

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOSHEE, EDGAR E
STREET ADDRESS	5780 JACK BRACK RD
CITY-ST-ZIP	SAINT CLOUD, FL 34771
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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 04/30/05-80018-006 150.00

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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)(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:   P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/2005
 Daytime Phone #: 407-957-4564