


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 493540</b> 1. Entity Name <b>SPECIAL ADMINISTRATIVE SERVICES, INC.</b>	
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Principal Place of Business <b>4059 SAN BERNADO DRIVE JACKSONVILLE FL 32217</b>	Mailing Address <b>4059 SAN BERNADO DRIVE JACKSONVILLE FL 32217</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-1638873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUSHOFF, JUDY 4059 SAN BERNADO DRIVE JACKSONVILLE FL 32217</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	
NAME	DUSHOFF, JUDY	NAME	
STREET ADDRESS	4059 SAN BERNADO DR	STREET ADDRESS	U00000221159 <input type="checkbox"/> Change <input type="checkbox"/> Add
CITY - ST - ZIP	JACKSONVILLE FL	CITY - ST - ZIP	02/09/05-80020-014 150.00
TITLE	TSD <input type="checkbox"/> Delete	TITLE	
NAME	DUSHOFF, IRA M	NAME	
STREET ADDRESS	4059 SAN BERNADO DR	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Irma Dushoff / S/T **IRA M. DUSHOFF** 2-9-05 904/260-34

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Type Phone #