

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130016

Entity Name: SPECIAL ACQUISITIONS, INC.**Current Principal Place of Business:**6435 NAPLES BLVD
NAPLES, FL 34109**Current Mailing Address:**6435 NAPLES BLVD
NAPLES, FL 34109**FEI Number:** 32-0239603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	RINALDI, MICHAEL
Address	6435 NAPLES BLVD
City-State-Zip:	NAPLES FL 34109

Title	SECRETARY
Name	LICHTENBERGER, VINCENT M
Address	4725 PIEDMONT ROW DR., STE. 110
City-State-Zip:	CHARLOTTE NC 28210

Title	ASST. SECRETARY
Name	DELLINGER, KIM R
Address	4725 PIEDMONT ROW DR., STE. 110
City-State-Zip:	CHARLOTTE NC 28210

Title	TREASURER
Name	PARRELLA, FRANK
Address	6435 NAPLES BLVD
City-State-Zip:	NAPLES FL 34109

Title	PRESIDENT
Name	BARRIER, JOEL
Address	333 FAYETTEVILLE ST. STE 1490
City-State-Zip:	RALEIGH NC 27601

Title	VP
Name	FOSTER, RANDY
Address	215 N. PINE ST.
City-State-Zip:	SPARTANBURG SC 29302

Title	VP
Name	DENNY, ROGER
Address	325 W. JOULE ST.
City-State-Zip:	ALCOA TN 37701

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: KIM R. DELLINGER

ASST. SEC.

04/05/2016

Electronic Signature of Signing Officer/Director Detail_____
Date