

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000084454

**Entity Name:** SPECIAL ACQUISITIONS HOLDINGS, INC.**Current Principal Place of Business:**6435 NAPLES BOULEVARD  
NAPLES, FL 34109**Current Mailing Address:**6435 NAPLES BOULEVARD  
NAPLES, FL 34109**FEI Number:** 32-0296173**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            PRESIDENT  
Name            SPURLOCK, TERRY  
Address        6435 NAPLES BOULEVARD  
City-State-Zip: NAPLES FL 34109

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

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

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

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

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

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

Title            VP  
Name            REECE, WAYNE  
Address        4605 COUNTRY CLUB DR.  
City-State-Zip: WINSTON-SALEM NC 27104

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*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.****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title                   VP  
Name                 EVANS, JAMES  
Address             9200 CAROTHERS PKWY  
City-State-Zip:   FRANKLIN TN 37067