

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000085436

**Entity Name:** SPECIALTY CALCULATOR CORP.

**Current Principal Place of Business:**

723 AURORA ST  
COCOA, FL 32922

**Current Mailing Address:**

723 AURORA ST  
COCOA, FL 32922 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEWEESE, WILLIAM  
723 AURORA ST  
COCOA, FL 32922 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           | PSD              | Title           | T D                 |
| Name            | DEWEESE, WILLIAM | Name            | DEWEESE, MARCILEIDE |
| Address         | 723 AURORA ST    | Address         | 723 AURORA ST       |
| City-State-Zip: | COCOA FL 32922   | City-State-Zip: | COCOA FL 32922      |

*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:** WILLIAM DEWEESE

**PRESIDENT**

**03/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date