

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003189

Entity Name: SPECIALTY PLANNERS, INC.**Current Principal Place of Business:**6201 PRESIDENTIAL COURT
FORT MYERS, FL 33919**Current Mailing Address:**843 ALDER CREEK DRIVE
SUITE A
MEDFORD, OR 97504 US**FEI Number:** 94-1383985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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, CEO, DIRECTOR
Name PITBLADDI, RICHARD B
Address 6201 PRESIDENTIAL COURT
City-State-Zip: FORT MYERS FL 33919

Title VP, SECRETARY, DIRECTOR
Name SCHMEDLEN, DANIEL G JR.
Address 6201 PRESIDENTIAL COURT
City-State-Zip: FORT MYERS FL 33919

Title VP, DIRECTOR
Name DINSMORE, MARK S
Address 6201 PRESIDENTIAL COURT
City-State-Zip: FORT MYERS FL 33919

Title ASST. SECRETARY
Name BROYLES, MICHAEL
Address 6201 PRESIDENTIAL COURT
City-State-Zip: FORT MYERS FL 33919

Title TREASURER, CFO
Name YOST, DAVID A
Address 843 ALDER CREEK DRIVE
 SUITE A
City-State-Zip: MEDFORD OR 97504

Title VP, ASST. SECRETARY
Name HENSLEY, STEVEN A
Address 6201 PRESIDENTIAL COURT
City-State-Zip: FORT MYERS FL 33919

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: DAVID A. YOST**CFO/TREASURER****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date