

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
 RECEIVED JAN 30 2006
 08:00 AM
 Secretary of State
 513301
 522301
 533303 - 36.00
 543304 - 28.50
 553305 - 12.00

DOCUMENT # 483636
 1. Entity Name
RUBBER & SPECIALTIES, INC.



Principal Place of Business Mailing Address
MARCUS POINTE COMM PK CIRCLE **RUBBER&SPECIALTIES INC**
5011 COMMERCE PARK CIRCLE **MARCUS POINTE COMMERCE PK 5011 COMM P**
PENSACOLA FL 32505 **PENSACOLA FL 32505**
US **US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
59-1618989 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COOK, CHARLES H.
5011 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

7. Name and Address of New Registered Agent
 Name
 Street Address (P. O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete COOK, CHARLES M. 5011 COMMERCE PARK CIRCLE PENSACOLA FL	TITLE MM	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000421193 02/16/06-80028-001 150.00
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete COOK, CHARLES H. 5011 COMMERCE PARK CIRCLE PENSACOLA FL	TITLE MM	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete LENTZ, MICHAEL C. 5011 COMMERCE PARK CIRCLE PENSACOLA FL	TITLE MM	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE MM	<input type="checkbox"/> Delete	TITLE MM	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE MM	<input type="checkbox"/> Delete	TITLE MM	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE MM	<input type="checkbox"/> Delete	TITLE MM	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles H. Cook **Charles H. Cook President 2/2/06 850-478-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #