


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 493540 1. Entity Name SPECIAL ADMINISTRATIVE SERVICES, INC.	
--	---

Principal Place of Business 4059 SAN BERNADO DRIVE JACKSONVILLE FL 32217	Mailing Address 4059 SAN BERNADO DRIVE JACKSONVILLE FL 32217
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
----------------------------------	----------------------------------

4. FEI Number 59-1638873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUSHOFF, JUDY 4059 SAN BERNADO DRIVE JACKSONVILLE FL 32217

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 _____ DATE _____

(Signature, typed or printed name of registered agent and State is required.) (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td>DUSHOFF, JUDY</td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td>4059 SAN BERNADO DR</td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	DUSHOFF, JUDY		STREET ADDRESS	4059 SAN BERNADO DR		CITY-ST-ZIP	JACKSONVILLE FL		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td>TSD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td>DUSHOFF, IRA M</td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td>4059 SAN BERNADO DR</td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> </table>	TITLE	TSD	<input type="checkbox"/> Delete	NAME	DUSHOFF, IRA M		STREET ADDRESS	4059 SAN BERNADO DR		CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete																							
NAME	DUSHOFF, JUDY																								
STREET ADDRESS	4059 SAN BERNADO DR																								
CITY-ST-ZIP	JACKSONVILLE FL																								
TITLE	TSD	<input type="checkbox"/> Delete																							
NAME	DUSHOFF, IRA M																								
STREET ADDRESS	4059 SAN BERNADO DR																								
CITY-ST-ZIP	JACKSONVILLE FL																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
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: *Ira M Dushoff* **IRA M DUSHOFF** 1-25-08 904/331-0332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digital Signature