


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # F92487 1. Entity Name SPECIALTY ENGRAVING & AWARDS, INC.	
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Principal Place of Business 5151 SUNBEAM RD STE 16 JACKSONVILLE, FL 32257 US	Mailing Address P.O. BOX 57218 JACKSONVILLE, FL 32241-7218
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02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2212062	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 RYAN, JAMES N. 4128 STACEY ROAD JACKSONVILLE, FL 32250	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, JAMES N. 4128 STACEY ROAD W. JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RYAN, KATHERINE W. 4128 STACEY ROAD W. JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALE, DOUGLAS 5534 COASTAL LANE NORTH JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/07-80029-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-07 (904) 731-1692