2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90029 021 ***150.00

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1. Entity Name
SPECIALTY ENGRAVING & AWARDS, INC.

Principal Place of Business	Mailing Address
5151 SUNBEAM RD STE 16 JACKSONVILLE, FL 32257 US	P.O. BOX 57218 JACKSONVILLE, FL 32241-7218

DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2212062
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, JAMES N.
~~4128 STACEY ROAD~~ 9831 DEL WEBB PKWY.
JACKSONVILLE, FL ~~32250~~ 32256 #2408

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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. ADDRESS

SIGNATURE James N. Ryan James N. Ryan James N. Ryan 4-15-08
(Signature, type or print 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RYAN, JAMES N.
STREET ADDRESS	~~4128 STACEY ROAD W.~~ 9831 DEL WEBB PKWY #2408
CITY-ST-ZIP	JACKSONVILLE, FL ~~32250~~ 32256
TITLE	ST
NAME	RYAN, KATHERINE W.
STREET ADDRESS	~~4128 STACEY ROAD W.~~ 9831 DEL WEBB PKWY #2408
CITY-ST-ZIP	JACKSONVILLE, FL ~~32250~~ 32256
TITLE	V
NAME	DALE, DOUGLAS
STREET ADDRESS	5534 COASTAL LANE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 James N. Ryan James N. Ryan 4-15-08 904 731-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #