

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000002494

1. Entity Name
SPECIALIZED PRODUCTS COMPANY OF TEXAS



Principal Place of Business
**1100 SOUTH KIMBALL AVE
SOUTHLAKE, TX 76092-9009 US**

Mailing Address
**1100 SOUTH KIMBALL AVE
SOUTHLAKE, TX 76092-9009 US**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-1412251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 retreating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, PETE W JR
STREET ADDRESS	1100 SOUTH KIMBALL AVE
CITY-ST-ZIP	SOUTHLAKE, TX 76092
TITLE	STD
NAME	SMITH, JIMMIE M
STREET ADDRESS	1100 SOUTH KIMBALL AVE
CITY-ST-ZIP	SOUTHLAKE, TX 76092
TITLE	CFO
NAME	ENOS, SHERRY
STREET ADDRESS	1100 SOUTH KIMBALL AVENUE
CITY-ST-ZIP	SOUTHLAKE, TX 76092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80003-007 150.00

**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: *Sherry Enos* *Sherry Enos* 7-22-06 817-329-6647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #