



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F96000002494 1. Entity Name SPECIALIZED PRODUCTS COMPANY |  |
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|--|--|
| Principal Place of Business 1100 SOUTH KIMBALL AVE SOUTHLAKE, TX 76092-9009 US | Mailing Address 1100 SOUTH KIMBALL AVE SOUTHLAKE, TX 76092-9009 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 75-1412251 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 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 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SMITH, PETE W JR 1100 SOUTH KIMBALL AVE SOUTHLAKE, TX 76092 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SMITH, JIMMIE M 1100 SOUTH KIMBALL AVE SOUTHLAKE, TX 76092 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO ENOS, SHERRY 1100 SOUTH KIMBALL AVENUE SOUTHLAKE, TX 76092 |
| 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**

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05/22/07-80001-022 150.00

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** **4/30/07** **817-329-6647**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #