

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90093 036 ***158.75



DOCUMENT # F99000005587

1. Entity Name
SPEC INTERNATIONAL, INC.

Principal Place of Business
**1530 EASTERN AVE. SE
 GRAND RAPIDS MI 49509**

Mailing Address
**1530 EASTERN AVE. SE
 GRAND RAPIDS MI 49509**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **38-3082183** Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, DIGNA B
 1800 WEST 49TH ST., STE. 324 D
 HIALEAH FL 33012**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	SMIT, JACK	
STREET ADDRESS	1530 EASTERN AVE. SE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENSON, J. MARCUS	
STREET ADDRESS	1530 EASTERN AVE. SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49507	
TITLE	V	<input type="checkbox"/> Delete
NAME	TERPSTRA, LEE M	
STREET ADDRESS	1530 EASTERN AVE. SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49507	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEPHENSON, ORALANDO W	
STREET ADDRESS	1530 EASTERN AVE. SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49507	
TITLE		<input type="checkbox"/> Delete
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		
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 exemption stated in Section 119.07(3)(i), 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: _____ **12 April 2004 616 248 3022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #