

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 8:00 am
Secretary of State

04-18-2005 90266 040 ***150.00

DOCUMENT # G02723

1. Entity Name
SALES SPECIALITIES, INC.



Principal Place of Business

401 SUB STATION ROAD
401 SUB STATION RD.
VENICE, FL 34292 US

Mailing Address

401 SUB STATION ROAD
401 SUB STATION RD.
VENICE, FL 34292 US

66016616



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2554966

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEATERLY, LINDA
401 SUB STATION RD
VENICE, FL 33595

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	DEATERLY, LINDA
STREET ADDRESS	401 SUB STATION RD
CITY - ST - ZIP	VENICE, FL
TITLE	S
NAME	WEED, LLOYD
STREET ADDRESS	1109 UNDERWOOD DRIVE
CITY - ST - ZIP	VENICE, FL
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LLOYD WEED *Corporate Secretary* *5/5/5* *391-488-2276*