## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G02723

1. Entity Name

SALÉS 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 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 APR 11 AM 10: 19



DO	NOT	WRITE	IN THIS	SPACE
	1101	AALZII L.		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01042008 No Chg-P CR2E034 (11/05)

59-2554966

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEATERLY, LINDA 401 SUB STATION RD VENICE, FL 33595

SIGNATURE:

## 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								
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, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC DEATERLY, LINDA 401 SUB STATION RD VENICE, FL 34285			30 04/14	0 <b>01</b> 2323 <b>7</b> 363 /0801010027 **727,50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEED, LLOYD 1109 UNDERWOOD DRIVE VENICE, FL 34285							
NAME STREET ADDRESS CITY-ST-ZIP			~ <del></del>	DO	NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/11/08	,						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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 effect the second that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. The all the impowered.								