

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90039 046 ***150.00

DOCUMENT # G48025

1. Entity Name

JOMAR SPECIALTIES, INC.



Principal Place of Business

C/O ~~JOHN D. RICHARDS~~
3129 TYRONE BLVD.
ST. PETERSBURG FL 33710

Mailing Address

C/O ~~JOHN D. RICHARDS~~
3129 TYRONE BLVD.
ST. PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2318378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, LAURA A
3129 TYRONE BLVD.
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

MARY E. FLAD

Street Address (P.O. Box Number is Not Acceptable)

4820 71st WAY No.

City

St. Petersburg

FL

Zip Code

33709

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

MARY E. FLAD

Signature, typed or printed name of registered agent and title if applicable

Mary E. Flad

(NOTE: Registered Agent signature required when reinstating)

3/29/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, JOHN D	
STREET ADDRESS	4470 67TH WAY NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, LAURA	
STREET ADDRESS	4470 67TH WAY NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph P. FLAD	
STREET ADDRESS	4820 71 WAY No.	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY E. FLAD	
STREET ADDRESS	4820 71 WAY No.	
CITY-ST-ZIP	St. Petersburg, FL 33709	
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:

Mary E. Flad

MARY E. FLAD

3/29/05

271-381-2658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #