

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90069 033 \*\*\*158.75

<b>DOCUMENT # J09270</b>	
1. Entity Name <b>O &amp; E SPECIALTIES, INC.</b>	

Principal Place of Business <b>140 WHITAKER RD LUTZ FL 33549 US</b>	Mailing Address <b>17520 MEADOWBRIDGE DR LUTZ FL 33549</b>
--	---



2. Principal Place of Business		3. Mailing Address <b>18508 Turtle Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lutz FL</b>		City & State <b>Lutz FL</b>	
Zip <b>33548</b>	Country	Zip <b>33548</b>	Country <b>Hillsborough</b>

1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-2699206</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>LOPEZ, SANDRA A 17520 MEADOWBRIDGE DR LUTZ FL 33549</b>		
7. Name and Address of New Registered Agent Name <b>Sandra A. Lopez</b> Street Address (P.O. Box Number is Not Acceptable) <b>18508 Turtle Drive</b> City <b>Lutz</b> FL Zip Code <b>33548</b>		

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 *Sandra A. Lopez* DATE 4-20-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, FRANK E 17520 MEADOWBRIDGE DR LUTZ FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18508 Turtle Dr. Lutz, FL 33548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, SANDRA 17520 MEADOWBRIDGE DR. LUTZ FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18508 Turtle Dr. Lutz, FL 33548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra A. Lopez* DATE 4-20-05 (813) 948-1354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #