


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90042 017 \*\*\*150.00

<b>DOCUMENT # J38101</b>	
1. Entity Name FLORIDA SPECIALTIES, INC.	

Principal Place of Business 601 E. MAIN STREET IMMOKALEE, FL 34142 US	Mailing Address P. O. BOX 3540 IMMOKALEE, FL 34143 US
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02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2733537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JOINER, JAMES B JR 601 E. MAIN STREET IMMOKALEE, FL 34142	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOINER, JAMES B JR. P.O. BOX 3420 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAVES, KENNETH R 19370 S.W. 280TH ST. HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOINER, SUSAN PO BOX 3420 IMMOKALEE, FL 34143
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 exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b>  Susan Joiner, Director	2/21/08 (239) 657-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #