


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90063 015 \*\*\*150.00

<b>DOCUMENT # L83423</b>	
1. Entity Name <b>SPECIAL HANDLING, INC.</b>	
	
Principal Place of Business <b>23205-C FOUNTAIN VIEW BOCA RATON, FL 33433 US</b>	Mailing Address <b>23205-C FOUNTAIN VIEW BOCA RATON, FL 33433 US</b>



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0209188</b>	Applied For 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  <b>FISHER, CARRIE 23205-C FOUNTAIN VIEW BOCA RATON, FL 33433</b>		<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, CARRIE 23205-C FOUNTAIN VIEW BOCA RATON, FL 33433
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**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.

**SIGNATURE:** *Carrie Fisher Inc* 7/11/08 5612892080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40111068

# L83423

JULY 7, 2008  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2008.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2008 FOR THE YEAR 2008. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY

*Carrie Leshan Kent*