

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36048

Entity Name: SPECIALTY AGENTS, INC.

FILED
May 27, 2004
Secretary of State

Current Principal Place of Business:

4501 N NEBRASKA AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

PO BOX 9015
TAMPA, FL 32674

New Mailing Address:

FEI Number: 59-3023498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, JED
180 S KNOWLES
WINTER PARK, FL 32790 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAZQUEZ, ARNIE
Address: 29 NW 36 ST #203
City-St-Zip: MIAMI, FL 33125

Title: P () Delete
Name: HILL, RICHARD
Address: 5211 TIMUQUANA RD #6
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: DECKER, ADRIENNE
Address: 17416 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete
Name: LUCAS, CAREN
Address: 32321 HAVEN COURT, #100
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GRAVES, SUSAN
Address: 685 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN GRAVES

PRES

05/27/2004

Electronic Signature of Signing Officer or Director

Date