

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36048

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: SPECIALTY AGENTS, INC.

**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: GRAVES, SUSAN  
Address: 685 MASON AVE  
City-St-Zip: DAYTONA BEACH, FL 32117

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Chapter 119, 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

P

04/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date