2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000007877

1. Entity Name
EIFS SPEC, INC.

Principal Place of Business	Mailing Address
1250 SOUTHWEST 1ST COURT	1250 SOUTHWEST 1ST COURT
POMPANO BEACH, FL 33069	POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

02122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0975782	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELCHER, JOHN
1250 SOUTHWEST 1ST COURT
POMPANO BEACH, FL 33069

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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 _____
Signature, typed or printed name of registered agent or other, if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PST
NAME	BELCHER, JOHN
STREET ADDRESS	1250 SOUTHWEST 1ST COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000364640
05/09/05-80005-001 150.00

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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: P _____   John Belcher President   P 4/28/05   954-942-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #