

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P 00000038398

1. Entity Name

OFFICE SUPPORT SPECIALISTS,
INC.



FILED

08 SEP -8 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8030 N. NOB HILL RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

#206

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

Zip

33321

Country

USA

Zip

Country

4. FEI Number

65-1003090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (8/05)

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ERICA - STUART

Street Address (P.O. Box Number is Not Acceptable)

8030 N. NOBHILL RD #206

City

TAMARAC

FL

Zip Code

33321

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

P
ERICA STUART
8030 N. NOBHILL RD #206
TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500135962475
09/16/08--01013--012 **400.00

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300135962313
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/31/08 (954) 643-7152