2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000102492

1. Entity Name
SPECIALTY SHIPPING, INC.

Principal Place of Business	Mailing Address
19119 ROGERS RD	19119 ROGERS RD
ODESSA, FL 33556	ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

02202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3630880	Not Applicable

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

---

6. Name and Address of Current Registered Agent

CALLAHAN, SUSAN A
19119 ROGERS RD
ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

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 _____   DATE 3/22/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUTCHENS, GREG
STREET ADDRESS	19119 ROGERS RD
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	V, PRESIDENT
NAME	Robert. QUEEN
STREET ADDRESS	17048 Silver Shores W
CITY-ST-ZIP	Odessa, Fl. 33556

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ President 3/23/07 813-920-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #