## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000016390

**Entity Name:** P.A.C. SPECIALITIES, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

217 WALLACE AVE. N. LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

P.O. BOX 3610 NORTH FORT MYERS, FL 339183610

FEI Number: 65-1085693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARD, RAYMOND WARD, RAYMOND P.O. BOX87 WARD, RAYMOND 320 ELAND DRIVE

LEHIGH ACRES, FL 33970 US NORTH FORT MYERS, FL 33917 US

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: RAYMOND WARD 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 WARD, RAYMOND
 Name:
 WARD, RAYMOND

 Address:
 P. O. BOX 87
 Address:
 320 ELAND DRIVE

City-St-Zip: LEHIGH ACRES, FL 33970 City-St-Zip: NORTH FORT MYERS, FL 33917

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND WARD PRES 01/09/2006