

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000016390

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

FILED
Nov 15, 2009
Secretary of State**Current Principal Place of Business:**21 WILLIS ROAD
NORTH FORT MYERS, FL 33917**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 3610
NORTH FORT MYERS, FL 339183610**New Mailing Address:**

FEI Number: 65-1085693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:WARD, RAYMOND L SR
320 ELAND DRIVE
NORTH FORT MYERS, FL 33917 US**Name and Address of New Registered Agent:**WARD, RAYMOND L SR
1504 NE 36TH STREET
CAPE CORAL, FL 33909 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 L WARD SR.

11/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DST () Delete
Name: WARD, RAYMOND L SR
Address: 320 ELAND DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917Title: SEC () Delete
Name: WARD, PATRICIA A SEC
Address: 320 ELAND DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRE (X) Change () Addition
Name: WARD, RAYMOND L SR
Address: 1504 NE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33909Title: SEC (X) Change () Addition
Name: WARD, PATRICIA A SEC
Address: 1504 NE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33909 USTitle: VP () Change (X) Addition
Name: WARD, RAZYMOND L SR
Address: 1504 NE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33909Title: TRES () Change (X) Addition
Name: WARD, RAYMOND L SR.
Address: 1504 NE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify 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 L. WARD SR.

PRE

11/15/2009

Electronic Signature of Signing Officer or Director

Date