2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90022 028 ***150.00

DOCUMENT # P01000023735

1. Entity Name
SPACE COAST SPECIALTIES, INC.

Principal Place of Business	Mailing Address
2911 DUSA STREET MELBOURNE, FL 32934	2911 DUSA STREET MELBOURNE, FL 32934

50009547

02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
2911 Dusa Street		2911 Dusa Street	
Suite, Apt. #, etc.: Unit H		Suite, Apt. #, etc.: Unit H	
City & State: Melbourne, Florida		City & State: Melbourne, Florida	
Zip: 32934	Country: Brevard	Zip: 32934	Country: Brevard

4. FEI Number: 59-3703369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, WALTER DODD
2911 DUSA STREET
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name: Perry, Walter Dodd
Street Address (P.O. Box Number is Not Acceptable): 2911 Dusa Street, Unit H
City: Melbourne FL Zip Code: 32934

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: X [signature] Perry Walter Dodd, Reg. Agent 02/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERRY, WALTER DODD		NAME	
STREET ADDRESS	2911 DUSA STREET UNIT H		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PERRY, KATHY		NAME	
STREET ADDRESS	2911 DUSA STREET UNIT H		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: X [signature] Perry Walter Dodd, Director 02/24/06 321-757-7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #