


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000030749**  
 1. Entity Name  
**DIVERSE SPECIALTIES, INC.**



Principal Place of Business      Mailing Address  
**5512 60TH WAY N**                      **5512 60TH WAY N**  
**ST. PETERSBURG, FL 33709**              **ST. PETERSBURG, FL 33709**



01132005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3741698**                      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PAYNE, ROBERT W**  
**5512 60TH WAY N**  
**ST. PETERSBURG, FL 33709**

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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 \_\_\_\_\_  
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, 2005 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	PAYNE, ROBERT W
STREET ADDRESS	5512 60TH WAY N
CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	V
NAME	PAYNE, JOAN C
STREET ADDRESS	1312 E. 800 N. RD.
CITY-ST-ZIP	MELVIN, IL 60952
TITLE	ST
NAME	PAYNE, JO ELLEN
STREET ADDRESS	5512 60TH WAY N
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000182217  
 01/19/05-80018-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Ellen Payne JO ELLEN PAYNE      1-13-05      727-545-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 3233