

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 28, 2005 8:00 am
Secretary of State

06-15-2005 90093 035 ***150.00
06-28-2005 90001 022 ***400.00

DOCUMENT # P01000100322

1. Entity Name
SPECIALIZED SERVICES OF JAX, INC.



Principal Place of Business
268 WESLEY RD 226
GREEN COVE SPRINGS, FL 32043

Mailing Address
POST OFFICE BOX 1248
ORANGE PARK, FL 32067-1248



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TYRIE, WILLIAM H 226
268 WESLEY RD
GREEN COVE SPRINGS, FL 32043

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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 PD
NAME TYRIE, WILLIAM H 226
STREET ADDRESS 268 WESLEY RD
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE PD
NAME TYRIE, HEATHER B 226
STREET ADDRESS 268 WESLEY RD
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05

Daytime Phone