2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 08:00 AM Secretary of State

32-0004432 No. 5. Certificate of Status Desired \$8.75 Addit Fee Required 6. Name and Address of Current Registered Agent PANTHER, GREGORY E 8610 BETH CT. ODESSA, FL 33556 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, a the obligations of registered agent. SIGNATURE Signature, part or private agent and like if applicable (INOTE Repaired Agent signature required when remission) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee with be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS INC. SIRCET ADDRESS 8810 BETH CT. ODESSA, FL 33556 U00000279138	1. Entity Name	IENT # P020000103 SPECIĀLTY PRODUCTS, Ī				Secre	tary or State
DO NOT WRITE IN THIS SPACE 4. FEI Number 32-0004432	8610 BETH CT.		PO BOX 249				
PANTHER, GREGORY E 8610 BETH CT. ODESSA, FL 33556 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, a the obligations of registered agent. SIGNATURE. Signature, poor or					03232005 N 4. FE! Number 32-000443	lo Chg-P CR2	
The obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and title if applicable (NOTE Registered Agent egrature required when reinstating) PARTE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS TITLE PANTHER, GREGORY E STREET ADDRESS GITY-ST-ZIP ITILE NAME STREET ADDRESS GITY-ST-ZIP ITILE NAME STREET ADDRESS GITY-ST-ZIP ITILE NAME NAME NAME NAME STREET ADDRESS GITY-ST-ZIP ITILE NAME NAME	PANTHER, 0 8610 BETH 0	GREGORY E	ustered Ayern				
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NAME	TITLE P. NAME P. STHEET ADDRESS OF TITLE NAME STREET ADDRESS STREET ADDRESS	ANTHER, GREGORY E 610 BETH CT.	ECTORS		0		138 57-001 158.75
CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 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 B chapted, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	fy that the information supplied with this	filing does not qualify for the exer	mption stated in Sec	tion 119.07(3)(i), Flori	ida Statutes. I further	certify that the information