

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90007 050 \*\*\*550.00

**DOCUMENT # P03000141967**

1. Entity Name  
**SPECIALIZED SERVICES GROUP, INC.**



Principal Place of Business

**6913 HARNEY ROAD  
TAMPA, FL 33617**

Mailing Address

**6913 HARNEY ROAD  
TAMPA, FL 33617**

40100104



07132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARNEY, SEAN  
6913 HARNEY ROAD  
TAMPA, FL 33617**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CARNEY, SEAN
STREET ADDRESS	6913 HARNEY ROAD
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	VP
NAME	MARTUCCI, DANIEL
STREET ADDRESS	6913 HARNEY ROAD
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	VP
NAME	CARNEY, DANIEL
STREET ADDRESS	6913 HARNEY ROAD
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	VP
NAME	CARNEY, DENNIS
STREET ADDRESS	6913 HARNEY ROAD
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #