

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000148225

1. Entity Name
SPECIALIZED LOGISTICS SERVICE, INC



Principal Place of Business
**155 SOUTH CAROLINA AVE
LAKE ALFRED, FL 33850**

Mailing Address
**155 SOUTH CAROLINA AVE
LAKE ALFRED, FL 33850**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0355211

Applied For
(Not Applicable)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADDISON, BILLY REED
155 SOUTH CAROLINA AVE
LAKE ALFRED, FL 33850**

**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 \$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

**1101000390392
01/23/06-80023-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADDISON, BILLY REED
STREET ADDRESS	155 SOUTH CAROLINA AVE
CITY - ST - ZIP	LAKE ALFRED, FL 33850
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11/1/06
Date

863-967-4500
Daytime Phone #