

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90160 040 ***150.00

DOCUMENT # P04000068259

1. Entity Name
SPECTRAFLEX, INC.



40059155



Principal Place of Business
**83 LANCELOT RD.
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**P.O. BOX 1225
DEFUNIAK SPRINGS, FL 32435-1225**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

73-1702713

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, DAVID
5082 STATE HWY. 2 EAST
WESTVILLE, FL 32464**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **RUSSELL, DAVID**
CITY-ST-ZIP **5082 STATE HWY. 2 EAST
WESTVILLE, FL 32464**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **RUSSELL, ROBERT**
CITY-ST-ZIP **315 SABAL PALM DR.
NICEVILLE, FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MCADA, M. SCOTT**
CITY-ST-ZIP **4516 HWY 20 EAST
NICEVILLE, FL 32578**

TITLE ☒ Change ☐ Addition
NAME **McAda, M. Scott**
STREET ADDRESS **1223 N. Lakeshore Drive**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BROWN, KENNETH**
CITY-ST-ZIP **256 COMMERCE DR., STE. 471
PEACHTREE CITY, GA 30269**

TITLE ☒ Change ☐ Addition
NAME **Brown, Kenneth**
STREET ADDRESS **70 Terra Cotta Way**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Russell **David Russell, President** **4/11/07** **(850) 892-3233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #