

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90024 021 \*\*\*150.00

DOCUMENT # P04000068259

1. Entity Name  
SPECTRAFLEX, INC.



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.

04102008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

73-1702713

Applied For

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 Russell, David  
Street Address (P.O. Box Number is Not Acceptable)  
455 S. 11th Street  
City DeFuniak Springs, FL Zip Code 32435

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

David W. Russell  
P/D

4-10-08

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, 2008 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 P/D ☐ Delete  
NAME RUSSELL, DAVID W  
STREET ADDRESS 5082 STATE HWY. 2 EAST  
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE P/D ☒ Change ☐ Addition  
NAME Russell, David W.  
STREET ADDRESS 455 S. 11th Street  
CITY-ST-ZIP DeFuniak Springs, FL 32435

TITLE V ☐ Delete  
NAME RUSSELL, HOLLIE T  
STREET ADDRESS 5082 STATE HWY 2 EAST  
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE V ☒ Change ☐ Addition  
NAME Russell, Hollie T.  
STREET ADDRESS 455 S. 11th Street  
CITY-ST-ZIP DeFuniak Springs, FL 32435

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

TITLE S ☒ Change ☐ Addition  
NAME Russell, David W.  
STREET ADDRESS 455 S. 11th Street  
CITY-ST-ZIP DeFuniak Springs, FL 32435

TITLE T ☐ Delete  
NAME RUSSELL, HOLLIE T  
STREET ADDRESS 5082 STATE HWY 2 EAST  
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE T ☒ Change ☐ Addition  
NAME Russell, Hollie T.  
STREET ADDRESS 455 S. 11th Street  
CITY-ST-ZIP DeFuniak Springs, FL 32435

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 W. Russell

David W. Russell, President 4/10/08 (850) 892-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #