2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000149773

1. Entity Name
SPECS SPECIAL SERVICES, INC.

Principal Place of Business	Mailing Address
917 NORTH 5TH AVENUE	917 NORTH 5TH AVENUE
JACKSONVILLE BEACH, FL 32250-4515	JACKSONVILLE BEACH, FL 32250-4515

DO NOT WRITE IN THIS SPACE

01302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3771057	Not Applicable

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

6. Name and Address of Current Registered Agent

DEIGHAN, VIRGINIA A
917 NORTH 5TH AVENUE
JACKSONVILLE BEACH, FL 32250-4515

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000940153
05/28/08-80056-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEIGHAN, VIRGINIA A
STREET ADDRESS	917 NORTH 5TH AVENUE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 322504515

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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: _____   2/16/08   (404) 613-5697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #