2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90049 043 ***150.00

DOCUMENT # P06000007756

1. Entity Name
EAC SPECIALIZED SERVICES, INC.

Principal Place of Business	Mailing Address
513 SOUTH 8TH STREET DUNDEE, FL 33838	513 SOUTH 8TH STREET DUNDEE, FL 33838

01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2918 Sequoyah Circle (Suite, Apt. #, etc.)		2918 Sequoyah Circle (Suite, Apt. #, etc.)	
City & State: Haines City Florida		City & State: Haines City Florida	
Zip: 33844	Country: Polk	Zip: 33844	Country: Polk

4. FEI Number: 20-4062060 ☐ Applied For ☐ Not Applicable

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
CLAYTON, ERICK A 513 SOUTH 8TH STREET DUNDEE, FL FL 33-838	Name: Clayton, Erick A. Street Address (P.O. Box Number is Not Acceptable): 2918 Sequoyah Circle City: Haines City FL Zip Code: 33844

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] DATE: 4/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTON, ERICK A 513 SOUTH 8TH STREET DUNDEE, FL 33838	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Clayton, Erick A 2918 Sequoyah Circle Haines City Fl 33844	☒ Change Address ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BASTINE, LINDA R PO BOX 1118 DUNDEE, FL 33838	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Date: 4/2/07 Daytime Phone #: 863-557-7829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR