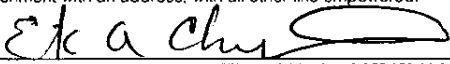


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 513 SOUTH 8TH STREET DUNDEE, FL 33838		Mailing Address 513 SOUTH 8TH STREET DUNDEE, FL 33838	
2. Principal Place of Business - No P.O. Box # 2918 Sequoyah Circle		3. Mailing Address 2918 Sequoyah Circle	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Haines City Florida		City & State Haines City Florida	
Zip 33844		Zip 33844	
Country Polk		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 CLAYTON, ERICK A 513 SOUTH 8TH STREET DUNDEE, FL FL 33-838		7. Name and Address of New Registered Agent 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  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 ☐ 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
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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: 		Date 4/2/07 Daytime Phone # 863-557-7829	