

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000031557

Entity Name: SPECIALTIES PLUS, INC.

FILED  
Jan 15, 2012  
Secretary of State

**Current Principal Place of Business:**

1850 LAGO VISTA BLVD  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

1850 LAGO VISTA BLVD  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 26-4618348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMEKAL, JERRY  
1850 LAGO VISTA BLVD  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMEKAL, JERRY  
Address: 1850 LAGO VISTA BLVD  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: VP  
Name: SMEKAL, RITA  
Address: 1850 LAGO VISTA BLVD  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: P  
Name: SMEKAL, AARON  
Address: 1850 LAGO VISTA BLVD  
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERRY W. SMEKAL

P

01/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date