

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000080984**

1. Entity Name  
**SPECIALTY SUPPLIES, INC.**



Principal Place of Business  
**3410 PARK CENTRAL BLVD., N.  
POMPANO BEACH, FL 33064 US**

Mailing Address  
**3410 PARK CENTRAL BLVD., N.  
POMPANO BEACH, FL 33064 US**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0451154** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ORETSKY, MITCHELL  
3410 PARK CENTRAL BLVD  
POMPANO BEACH, FL 33064**

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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

*Clifford Oretsky* **VP CLIFFORD ORETSKY 1-6-06**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ORETSKY, MITCHELL
STREET ADDRESS	3410 PARK CENTRAL BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	ORETSKY, CLIFFORD
STREET ADDRESS	3410 PARK CENTRAL BLVD., N.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	DESANTIS, JOSEPH
STREET ADDRESS	3410 PARK CENTRAL BLVD., N.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80026-018 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Clifford Oretsky* **CLIFFORD ORETSKY 1-6-06 954-968-2900**