

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022849

Entity Name: ABC SPECIALTIES, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

7220 S US HWY 41  
SUITE 101  
DUNNELLON, FL 344322255 US

## New Principal Place of Business:

1118 59TH AVE. NORTH  
ST. PETERSBURG, FL 33703 US

## Current Mailing Address:

908 W. HALL ST.  
MELBOURNE, FL 32901 US

## New Mailing Address:

PO BOX 1848  
DUNNELLON, FL 344301848 US

FEI Number: 59-3301521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, DAVID C  
908 W. HALL ST.  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

CAMPBELL, MARY M  
1118 59TH AVE. NORTH  
ST. PETERSBURG, FL 33703 US

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: MARY M CAMPBELL

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAMPBELL, DAVID C  
Address: 908 W. HALL ST.  
City-St-Zip: MELBOURNE, FL 32901

Title: VD ( ) Delete  
Name: CAMPBELL, D C JR  
Address: 908 W. HALL ST.  
City-St-Zip: MELBOURNE, FL 32901

Title: STD (X) Delete  
Name: CAMPBELL, MARY M  
Address: 1118 59TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAMPBELL, D C JR  
Address: 3230 SW ARCHER ROAD, #N166  
City-St-Zip: GAINESVILLE, FL 326081703 US

Title: STD (X) Change ( ) Addition  
Name: CAMPBELL, MARY M  
Address: 1118 59TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY M CAMPBELL

STD

05/01/2008

Electronic Signature of Signing Officer or Director

Date