2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000024972

1. Entity Name SPECIALTYWORKS, INC.

Principal Place of Business

2016 WILDRIDGE DR. TALLAHASSEE, FL 32303 Mailing Address 2016 WILDRIDGE DR. TALLAHASSEE, FL 32303

FILED Apr 21, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

Onzepo4 (10/03)

4. FEI Number 59-3315618 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNGER, RALPH H 2016 WILDRIDGE DR. TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

			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 Signature, typod or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when remotaling). DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000122725 U4/21/04-80040-008 150.00
10.	OFFICERS AND DIRECT	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNGER, RALPH H 2016 WILDRIDGE DR. TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY: S1-21P	_				
DTLE NAME STREET ADDRESS CIFY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
Title Name Street adoress City-St-Zip			·		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 tastee 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 for an attachment with all other like empowered.					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR