


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P97000063583
 1. Entity Name
 TEQSPEC SALES CORP.



Principal Place of Business Mailing Address
 8236 NW 9TH COURT 8236 NW 9TH COURT
 PLANTATION, FL 33324 PLANTATION, FL 33324

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03032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0781775 Not Applicable

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

6. Name and Address of Current Registered Agent
 LEACOCK, ROBERT F
 8236 NW 9TH COURT
 PLANTATION, FL 33324

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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: *Robert F. Leacock*, Robert F. Leacock, President, 3-3-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000852080
 03/26/08-80014-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEACOCK, ROBERT F.
STREET ADDRESS	8236 NW 9TH COURT
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Robert F. Leacock*, Robert F. Leacock, 3-3-08, 954-370-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #