

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90155 042 ***150.00

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1. Entity Name

SPECIALIZED CONSULTING SERVICE, INC.



Principal Place of Business
**249 COUNTRY CLUB ROAD
SHALIMAR FL 32579**

Mailing Address
**249 COUNTRY CLUB ROAD
SHALIMAR FL 32579**



2. Principal Place of Business

29 WARWICK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

29 WARWICK DRIVE

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

City & State

SHALIMAR, FL

Zip

32579

Country

Zip

32579

Country

4. FEI Number

59-3474899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**GRAINGER, JOHN W
249 COUNTRY CLUB ROAD
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GRAINGER, JOHN W**
STREET ADDRESS **249 COUNTRY CLUB ROAD**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **29 WARWICK DRIVE**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JOHN W. GRAINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 (850) 651-5951
Date Daytime Phone #