

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000071490

Entity Name: SPEC 9 INTERIORS, INC.

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7980 N ATLANTIC BLVD  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

95 E HALL RD  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

PO BOX 245  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 59-3526391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KILLGORE, MARY S  
7980 N ATLANTIC BLVD  
CAPE CANAVERAL, FL 32920 US

**Name and Address of New Registered Agent:**

KILLGORE, MARY S  
95 E HALL R4D  
MERRITT ISLAND, FL 32953 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: KILLGORE, MARY S  
Address: 117 SWEET STREET  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VT  
Name: HEARD, SAMUEL W  
Address: 645 APACHE TR  
City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby 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 all other like empowered.

SIGNATURE: MARY S KILLGORE

PRES

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date