

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P99000001531

1. Entity Name

SPECIAL K SERVICES, INC.



Principal Place of Business

245 N TYNDALL PARKWAY  
PANAMA CITY FL 32404

Mailing Address

245 N TYNDALL PARKWAY  
PANAMA CITY FL 32404

2. Principal Place of Business - No P.O. Box #

*Same as above*

Suite, Apt. #, etc.

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3551006**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KITTS MILLER, LAWRENCE D  
245 N TYNDALL PARKWAY  
PANAMA CITY FL 32404

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST-ZIP	PSTD KITTS MILLER, LAWRENCE D 1606 ELMA RUTH DRIVE PANAMA CITY FL 32409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	V KITTS MILLER, WAYNE 1520 S KIMBREL AVE PANAMA CITY FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<i>George Holloman 5404 Ella St Callaway, Fl. 32404</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wayne D. Kittsmiller* WAYNE D. KITTS MILLER

3-27-07

850-872-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Apr 04, 2007 8:00 am  
Secretary of State**

04-04-2007 90185 049 \*\*\*150.00

