

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90001 001 ***150.00

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 # <i>Same as Above</i>		3. Mailing Address <i>Same as Above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	V KITTS MILLER, WAYNE 1520 S KIMBREL AVE PANAMA CITY, FL 32404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLERRAN, GEORGE 5404 ELLA ST CALLAWAY, FL 32404	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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: <i>Lawrence D. Kitts Miller</i> 7-15-08 850 872-8320					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LAWRENCE D. KITTS MILLER					

40113410



07092008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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