

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008079

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: SPECIAL EVENT SERVICES, INC.

**Current Principal Place of Business:**

413 OAK PLACE  
UNIT 5-F  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

413 OAK PLACE  
UNIT 5-F  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 59-3555722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STAMPER, TIMOTHY A  
1371 SCARLETT TRAIL  
NEW SMYRNA BEACH, FL 32168      US

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

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: STAMPER, TIMOTHY A  
Address: 1371 SCARLETT TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32127

Title: DS      ( ) Delete  
Name: STAMPER, BARBARA J  
Address: 413 OAK PLACE, UNIT 5-F  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY A. STAMPER

P

04/06/2006

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

\_\_\_\_\_ Date