

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037391

FILED
Apr 05, 2005
Secretary of State

Entity Name: SPECIALTY SURGICAL REPAIR, INC.

Current Principal Place of Business:

1982 STATE RD. 44,STE.195
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1982 STATE RD. 44,STE.195
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3574749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METZ, JOHN
550 TIMBERLAND DR.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

METZ, JOHN
550 TIMBERLANE DR.
NEW SMYRNA BEACH, FL 32168 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

04/05/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: METZ, JOHN
Address: 550 TIMBERLAND DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: METZ, GERI
Address: 550 TIMBERLAND DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: METZ, JOHN
Address: 550 TIMBERLANE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Change () Addition
Name: METZ, GERI
Address: 550 TIMBERLANE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN METZ

D

04/05/2005

Electronic Signature of Signing Officer or Director

Date