## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000097062

Entity Name: SPECIALIZED FINANCIAL SERVICES, INC.

FILED Apr 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2315 S. INDIAN RIVER DR 5888 NW WHITECAP RD FORT PIERCE, FL 34950 PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

PO BOX 3522 FORT PIERCE, FL 34948

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FEI Number: 65-0961276 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PAMER, JOHN M
2315 S. INDIAN RIVER DR
FORT PIERCE, FL 34950 US
PAMER, JOHN M
5888 NW WHITECAP RD
PORT ST. LUCIE, FL 34986 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: JOHN M. PAMER 04/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 PAMER, JOHN M
 Name:
 PAMER, JOHN M

 Address:
 2315 S. INDIAN RIVER DR
 Address:
 5888 NW WHITECAP RD.

 City-St-Zip:
 FORT PIERCE, FL 34950
 City-St-Zip:
 PORT ST. LUCIE, FL 34986

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: JOHN M. PAMER PD 04/05/2006