

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097062

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** SPECIALIZED FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

5888 NW WHITECAP RD  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

5744 NW JIGSAW LANE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

PO BOX 3522  
FORT PIERCE, FL 34948

**New Mailing Address:**

5744 NW JIGSAW LANE  
PORT ST. LUCIE, FL 34986

**FEI Number:** 65-0961276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAMER, JOHN M  
5888 NW WHITECAP RD  
PORT ST. LUCIE, FL 34986 US

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

PAMER, JOHN M  
5744 NW JIGSAW LANE  
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

04/07/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PAMER, JOHN M  
Address: 5888 NW WHITECAP RD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

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

Title: PD (X) Change ( ) Addition  
Name: PAMER, JOHN M  
Address: 5744 NW JIGSAW LANE  
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify 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

04/07/2009

Electronic Signature of Signing Officer or Director

Date