

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 002 ***150.00

DOCUMENT # V55333

1. Entity Name
LUBRICATION SPECIALIST, INC.



Principal Place of Business Mailing Address
~~370 W. COCOA BCH CSWY~~ PO BOX 542804
~~COCOA BCH, FL 32931 US~~ MERRITT ISLAND, FL 32954-2804 US
490 RIVERSIDE AVE
MERRITT ISLAND, FL 32954

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3135999

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BALDWIN, CALVIN DOUGLAS
~~370 W. COCOA BCH CSWY~~
~~COCOA BCH, FL 32931~~

Name CALVIN DOUGLAS BALDWIN

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

490 RIVERSIDE AVE

City

MERRITT ISLAND

FL

Zip Code

32953

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

Debra Baldwin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME BALDWIN, DEBRA
STREET ADDRESS ~~370 W. COCOA BCH, CSWY.,~~
CITY-ST-ZIP ~~COCOA BCH, FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 542804
CITY-ST-ZIP MERRITT ISLAND, FL 32954

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Debra Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07 321-720-4174