


2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20,  
Secr

DOCUMENT # 613620

1. Entity Name  
SUPERIOR KITCHENS, INC.



Principal Place of Business  
811 EDWARDS ROAD  
FT. PIERCE, FL 34982-6286

Mailing Address  
811 EDWARDS ROAD  
FT. PIERCE, FL 34982-6286

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1915003

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPOLD, MARCEL  
811 EDWARDS ROAD  
FT. PIERCE, FL 34982

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

1100000392032  
01/24/06-80063-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPPOLD, MARCEL A 811 EDWARDS ROAD FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JOHNSTON, BARBARA 811 EDWARDS RD FT PIERCE, FL 34982
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: MARCEL RAPPOLD 1-12-06 772-464-8180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #