

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State



| | | | |
|---|---------|--|--|
| DOCUMENT # H54571 | | | |
| 1. Entity Name SUPERIOR UNLIMITED ENTERPRISES, INC. | | | |
| Principal Place of Business 160 SPIRIT LAKE ROAD WINTER HAVEN FL 33880 | | Mailing Address 160 SPIRIT LAKE ROAD WINTER HAVEN FL 33880 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent RAFOOL, BRANDON J LLC 1519 THIRD ST SE WINTER HAVEN FL 33880 | | | 7. Name and Address of New Registered Agent |
| | | | Name |
| | | | Street Address (P.O. Box Number is Not Acceptable) |
| | | | City |
| | | | FL Zip Code |
| 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 _____ | | | |



1st MOORE CR2E034 (10/04)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2673164 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | PDT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BOWMAN, GERALDINE | | | NAME | | | |
| STREET ADDRESS | 1441 W. LAKE CANNON DR. | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | WINTER HAVEN FL | | | CITY - ST - ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BOWMAN, DONNIE H. | | | NAME | | | |
| STREET ADDRESS | 1441 W. LAKE CANNON DR | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | WINTER HAVEN FL | | | CITY - ST - ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BOWMAN, MARK | | | NAME | | | |
| STREET ADDRESS | 235 6TH STREET NW 105 | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | WINTER HAVEN FL 33880 | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |

110000192932 Change Addition
 01/27/05-80032-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

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