

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90049 028 ***150.00

DOCUMENT # P01000063433

1. Entity Name
SUPERIOR VENTILATED WOOD SHELVEING, INC.



Principal Place of Business
**928 SE 9TH ST.
CAPE CORAL, FL 33990**

Mailing Address
**P.O BOX 150910
CAPE CORAL, FL 33915**

14003523



2. Principal Place of Business

3. Mailing Address

Robert D. Royston, Jr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12670 New Brittany Blvd. Ste 101

03052004

Chg-P

CR2E034 (10/03)

City & State

City & State
Fort Myers, FL

4. FEI Number

65-1113801

Applied For

Not Applicable

Zip

Country

Zip

33907

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIESEL, THOMAS F
2121 MCGREGOR BLVD.
FT. MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name
Robert D. Royston, Jr.

Street Address (P.O. Box Number is Not Acceptable)
12670 New Brittany Blvd.

Suite 101

City

Fort Myers, FL

FL

Zip Code
33907

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

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

(NOTE: Registered Agent signature required when reinstating)

3/4/04
DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
MORROW, JEFFREY A
928 SE 9TH ST.
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP,S
Glenn Gary Frank
301 SE 32nd Street
Cape Coral, FL 33904** ☐ Change ☒ Addition

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

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

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

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

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 if 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 #