


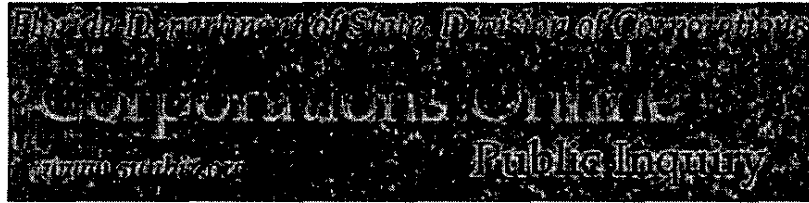
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90015 039 ***150.00

DOCUMENT # P02000096823 1. Entity Name SUPERIAIRE OXYGEN & EQUIPMENT, INC.					
Principal Place of Business 770 AIRPORT ROAD PANAMA CITY, FL 32405			Mailing Address 770 AIRPORT ROAD PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0490008	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOLLIVER, LEANN 770 AIRPORT ROAD PANAMA CITY, FL 32405			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLLIVER, LEANN		NAME		
STREET ADDRESS	770 AIRPORT ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		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	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Leann Tolliver</i>			5/27/04		850 769 0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Attachment
2407212



Florida Profit

SUPERIAIRE OXYGEN & EQUIPMENT, INC.

PRINCIPAL ADDRESS

770 AIRPORT ROAD
PANAMA CITY FL 32405
Changed 05/05/2003

MAILING ADDRESS

770 AIRPORT ROAD
PANAMA CITY FL 32405
Changed 05/05/2003

Document Number
P02000096823

FEI Number
030490008

Date Filed
09/06/2002

State
FL

Status
ACTIVE

Effective Date
09/06/2002

Last Event
NAME CHANGE
AMENDMENT

Event Date Filed
11/05/2002

Event Effective Date
NONE

Registered Agent

Name & Address
TOLLIVER, LEANN 770 AIRPORT ROAD PANAMA CITY FL 32405
Address Changed: 05/05/2003

Officer/Director Detail

Name & Address	Title
TOLLIVER, LEANN 770 AIRPORT ROAD PANAMA CITY FL 32405	P

Attachment

2407212

#B02000096823

Annual Reports

Report Year	Filed Date
2003	05/05/2003

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Document Images

Listed below are the images available for this filing.

05/05/2003 -- ANN REP/UNIFORM BUS REP
11/05/2002 -- Name Change
09/09/2002 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

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