

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90007 021 ***150.00

40017553



02022006 No Chg-P CR2E034 (11/05)

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0490008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLLIVER, LEANN
770 AIRPORT ROAD
PANAMA CITY, FL 32405

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOLLIVER, LEANN 770 AIRPORT ROAD PANAMA CITY, FL 32405
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IN THIS SPACE**

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: LeAnn Tolliver 2/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LeAnn Tolliver

ATTACHMENT

40017553

Steiner & Company

Certified Public Accountants

Phone (850) 784-0340

Fax # (850) 784-4807

1714 West 23rd Street, Suite A

Panama City, Florida 32405

Client: SUPERIAIRE OXYGEN + EQUIPMENT Date: 2/2/06

INSTRUCTIONS FOR:

CORPORATION ANNUAL REPORT

Please review and sign the form where indicated.

1. Enclose a check payable to Florida Department of State in the amount of \$ 150.00.
2. Please indicate on check Document # (P02000096823).
3. Mail in attached envelope before May 1, or additional filing fees of \$400.00 will be due.

If not filed by July 1, your corporation will be administratively dissolved by the State of Florida.

**YOUR "CLIENT COPIES" ARE ATTACHED
IF YOU HAVE ANY QUESTIONS, PLEASE CALL AS SOON AS POSSIBLE**

(1-12-99, CORPRPT1.DOC)

Manni