

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071812

FILED
Jan 19, 2009
Secretary of State

Entity Name: SUPERIOR CONCRETE SERVICES CORPORATION

Current Principal Place of Business:

31525 4TH STREET
SORRENTO, FL 32776

New Principal Place of Business:

645 W MICHIGAN STREET
ORLANDO, FL 32805

Current Mailing Address:

P.O. BOX 568245
ORLANDO, FL 328562845

New Mailing Address:

P.O. BOX 568245
ORLANDO, FL 32856

FEI Number: 20-1190107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, PAMELA N
645 W. MICHIGAN STREET
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORGAN, DANIEL
Address: 645 W MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32805

Title: VD () Delete
Name: BURDEN, RANDY O
Address: 700 HARDMAN DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: ST () Delete
Name: SHAW, PAMELA N
Address: 2901 S. OSCEOLA AVE.
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: HOOKER, DOUGLAS P
Address: 5511 HANSEL AVE.
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: MATHES, PATRICK C III
Address: 5517 HANSEL AVE.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA N SHAW

ST

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date