


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P04000138678		
1. Entity Name SUPERIOR DESIGNER SERVICES INC		
Principal Place of Business 3740 PROSPECT AVE SUITE 3 RIVIERA BEACH, FL 33404 US	Mailing Address 3740 PROSPECT AVE SUITE 3 RIVIERA BEACH, FL 33404 US	



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1711813	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

GOODWIN, RICHARD M  
18352 FLAGSHIP CIR  
JUPITER, FL 33458

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000844950  
03/13/08-80018-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODWIN, RICHARD M 18352 FLAGSHIP CIR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVID, JANE 504 NE 5TH AVE DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/25/08 Daytime Phone # \_\_\_\_\_