## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000024526

Title:

Name:

Address:

City-St-Zip:

FILED Jun 08, 2004 Secretary of State

Entity Name: SUPERIOR ROOFING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2534 SULSTONE DR PUNTA GORDA, FL 33983 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 380937 MURDOCK, FL 339380937 FEI Number: 65-0649568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, ELIZABETH 6203 SWISS BLVD. PUNTA GORDA, FL 33982 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SCHWARTZ, GEORGE JR SCHWARTZ, GEORGE M Name: Name: P.O. BOX 380937 P.O. BOX 380937 Address: Address: City-St-Zip: MURDOCK, FL 339380937 City-St-Zip: MURDOCK, FL 339380937 Title: Title: VΡ () Delete (X) Change ( ) Addition Name: SCHWARTZ, ELLZABETH Name: SCHWARTZ, GEORGE M PO BOX 380491 PO BOX 380937 Address: Address: MURDOCK, FL 33938 US MURDOCK, FL 33938 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition SCHWARTZ, ELIZABETH SCHWARTZ, ELIZABETH Name: Name: PO BOX 380491 PO BOX 380491 Address: Address: City-St-Zip: MURDOCK, FL 33982 US City-St-Zip: MURDOCK, FL 33938 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE M SCHWARTZ JR P 06/08/2004

() Delete

( ) Change (X) Addition

SCHWARTZ, GEORGE M

MURDOCK, FL 33938

PO BOX 380937