

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000172702

**Entity Name:** SUPERIOR-IT SOLUTIONS, INC.

**Current Principal Place of Business:**

230 ARLINGTON RD. N.  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

230 ARLINGTON RD. N.  
JACKSONVILLE, FL 32211 US

**FEI Number:** 20-2086274

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOONEY, ADAM S  
230 ARLINGTON RD. N.  
JACKSONVILLE, FL 32211 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

**Officer/Director Detail :**

Title P  
Name LOONEY, ADAM  
Address 230 ARLINGTON RD. N.  
City-State-Zip: JACKSONVILLE FL 32211

Title V  
Name STRAUGHN, DEWEY  
Address 230 ARLINGTON RD. N.  
City-State-Zip: JACKSONVILLE FL 32211

*I hereby 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 all other like empowered.*

**SIGNATURE:** ADAM S LOONEY

**PRESIDENT**

**03/31/2015**

Electronic Signature of Signing Officer/Director Detail

Date