

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90017 028 \*\*\*150.00



**DOCUMENT # 492982**

1. Entity Name  
 SUPERIOR PRINTERS, INC.

Principal Place of Business

1884 W FAIRBANK AVENUE  
 WINTER PARK, FL 32789

Mailing Address

1884 W FAIRBANK AVENUE  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1637563

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SENGEL, C. EDWARD  
 936 ARABIAN AVE  
 WINTER SPRINGS, FL 32708

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DVS  
 NAME: UTT, TERESA S. LYNN  
 STREET ADDRESS: 4048 MISTY MORNING PL.  
 CITY-ST-ZIP: CASSELBERRY, FL 32707

TITLE: DPT  
 NAME: SENGEL, C EDWARD  
 STREET ADDRESS: 936 ARABIAN AVE  
 CITY-ST-ZIP: WINTER SPRINGS, FL 32708

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

Date

Daytime Phone # \_\_\_\_\_