

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 492982

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: SUPERIOR PRINTERS, INC.

**Current Principal Place of Business:**

1884 W FAIRBANK AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

1884 W FAIRBANKS AVENUE  
WINTER PARK, FL 32789

**Current Mailing Address:**

1884 W FAIRBANK AVENUE  
WINTER PARK, FL 32789

**New Mailing Address:**

1884 W FAIRBANKS AVENUE  
WINTER PARK, FL 32789

FEI Number: 59-1637563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SENGEL, C. EDWARD  
936 ARABIAN AVE  
WINTER SPRINGS, FL 32708 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: DVS ( ) Delete  
Name: UTT, TERESA S. LYNN  
Address: 4048 MISTY MORNING PL.  
City-St-Zip: CASSELBERRY, FL 32707

Title: DPT ( ) Delete  
Name: SENDEL, C EDWARD  
Address: 936 ARABIAN AVE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVS (X) Change ( ) Addition  
Name: UTT, TERESA S LYNN  
Address: 1405 STELLAR  
City-St-Zip: OVIEDO, FL 32765

Title: DPT (X) Change ( ) Addition  
Name: SENDEL, C. EDWARD  
Address: 936 ARABIAN AVE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: C. EDWARD SENDEL

DPT

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date