2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DC	CL	IN	151	TI	#	61	13	62	N
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1. Entity Name

SUPÉRIOR KITCHENS, INC.



Principal Place of Business

Mailing Address

811 EDWARDS ROAD FT. PIERCE, FL 34982-6286 811 EDWARDS ROAD FT. PIERCE, FL 34982-6286



01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1915003

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPOLD, MARCEL 811 EDWARDS ROAD FT. PIERCE, FL 34982

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		}		IN.	THIS SPACE	
the obligati _SIGNATURE	e named entity submits this statement for the pu tions of registered agent.				oth, in the State of Florida. I am familiar wit	h, and accept
·	Signature, typed or printed name of registered agent and title if a	applicable (NOTE: Registered	Agent algnature	e required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000591266 01/19/07-80016-010	150.00
10.	OFFICERS AND DIRECT	TORS	[
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPPOLD, MARCEL A 811 EDWARDS ROAD FT PIERCE, FL			•		!
VITLE NAME Street address City-St-Zip	S/T JOHNSTON, BARBARA 811 EDWARDS RD FT PIERCE, FL 34982					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
ITLE IAME ITREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP						
ITLE						

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 appowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.0

172.464.8180

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