


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 642694</b> 1. Entity Name <b>SUPERIOR ALUMINUM INSTALLATIONS, INC.</b>	
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Principal Place of Business <b>3005 FORSYTH RD WINTER PARK, FL 32792</b>	Mailing Address <b>3005 FORSYTH RD WINTER PARK, FL 32792</b>
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**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1951755</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ORIE, ALICE R  
14254 LAKE PRICE DR.  
ORLANDO, FL 32826**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORIE SR, THOMAS A 14254 LAKE PRICE DR. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORIE, ALICE 14254 LAKE PRICE DR. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORIE, TIMOTHY J 13122 MARSH FERN DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ORIE, GINA M 13122 MARSH FERN DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000838888  
03/05/08-80048-017 158.75

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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:** *Alice R. Orie* *Alice R. Orie* **2-19-08** **407-678-500316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #