

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 17 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000926

1. Entity Name
SUPERIOR SURPLUS, INC.



Principal Place of Business
2870 LEEWARD LANE
NAPLES, FL 34103-4036

Mailing Address
2870 LEEWARD LANE
NAPLES, FL 34103-4036



03132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0928938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, JERRY B
2870 LEEWARD LANE
NAPLES, FL 34103-4036

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCT
WATKINS, JERRY B
2870 LEEWARD LANE
NAPLES, FL 341034036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
STREIGHT, CAROLYN W
2870 LEEWARD LANE
NAPLES, FL 341034036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500036551445
05/18/04--01052--003 **\$550.00

**DO NOT WRITE
IN THIS SPACE**

Wm
5/17/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CAROLYN W. STREIGHT

3-14-04

239-643-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #