

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000005199

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA SUPERIOR VENTURE, INC.

**Current Principal Place of Business:**

6635 BERNADEAN BLVD.  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 512319  
PUNTA GORDA, FL 33951

**New Mailing Address:**

**FEI Number:** 27-4192253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELMONT, RAYMOND J  
21708 KING HENRY AVENUE  
LEESBURG, FL 34748 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DELMONT, RAY  
**Address:** 21708 KING HENRY AVENUE  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** PSD  
**Name:** DELMONT, RAYMOND J  
**Address:** 21708 KING HENRY AVENUE  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** VPS  
**Name:** DELMONT, DONALD G  
**Address:** 6635 BERNADEAN BLVD.  
**City-St-Zip:** PUNTA GORDA, FL 33982

**Title:** T  
**Name:** DELMONT, LINDA K  
**Address:** 6635 BERNADEAN BLVD.  
**City-St-Zip:** PUNTA GORDA, FL 33982

I hereby 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 all other like empowered.

**SIGNATURE:** DONALD G DELMONT

VPS

02/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date