

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F56703**

1. Entity Name  
**SUPERIOR SHOTCRETE SERVICE, INC.**



Principal Place of Business  
**% PAMELA M. LYNN  
12601 SW 8TH AVENUE  
OCALA, FL 34476**

Mailing Address  
**% PAMELA M. LYNN  
12601 SW 8TH AVENUE  
OCALA, FL 34476**



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2166370**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LYNN, PAMELA M  
12601 S.W. 8TH AVENUE  
OCALA, FL 34476**

**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 PAMELA M. LYNN  
Signature, typed or printed name of registered agent and file it applicable

Pamela M. Lynn  
(NOTE: Registered Agent signature required when re-stating)

4-22-04  
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**

000000126506  
04/23/04-80037-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
LYNN, DOUGLAS W  
12601 SW 8TH AVE  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPT  
LYNN, STEPHEN D  
12601 SW 8TH AVE  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Douglas W. Lynn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04  
Date

352-245-3317  
Daytime Phone #