

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 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

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-P CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	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
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U00000524180  
05/03/06-80102-022 150.00

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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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-06** **352-245-3317**  
Date Daytime Phone #