


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90388 025 \*\*\*150.00

**DOCUMENT # F97000006933**

1. Entity Name  
**SUPERIOR WALLS OF AMERICA, LTD., INC.**



Principal Place of Business  
**937 E EARL RD  
 NEW HOLLAND, PA 17557 US**

Mailing Address  
**937 E EARL RD  
 NEW HOLLAND, PA 17557 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number  
**23-2273863**

Applied For  
 Not Applicable

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



**04152004 Chg-P CR2E034 (10/03)**

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

**UNITED CORPORATE SERVICES INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI, FL 33156-0000**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 constituting) 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	CEO <b>ZIMMERMAN, MELVIN M</b> <b>160 F HILLSIDE DRIVE</b> <b>DENVER, PA 17517</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC <b>GINGRICH, GLENN H</b> <b>160 MAR-KAUF DRIVE</b> <b>NEW HOLLAND, PA 17557</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STOLTZFUS, JOHN D</b> <b>72 NORTH GROFFDALE ROAD</b> <b>LEOLA, PA 17540</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LOWELL, ROTH</b> <b>512 E SPRUCE ST</b> <b>NEW HOLLAND, PA 17557</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STOLTZFUS, JOHN D.</b> <b>130 BRICK CHURCH ROAD</b> <b>LEOLA, PA 17540</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ROTH, LOWELL</b> <b>512 E SPRUCE ST</b> <b>NEW HOLLAND, PA 17557</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Walter J. ...* **CONTROL** *4/30/04* *717-351-9112*

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