

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09853

Entity Name: SUPER CRETE, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

16143 HARBAR OAKS DRIVE
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

16143 HARBAR OAKS DRIVE
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 59-2329182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, TALMON E DAVIS
16143 HARBAR OAKS DRIVE
MONTVERDE, FL 34756 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,S () Delete
Name: DAVIS, TALMON E.,
Address: 16143 HARBAR OAKS DRIVE
City-St-Zip: MONT VERDE, FL 34756

Title: P,D () Delete
Name: PLUNK, CHARLIE
Address: 805 AVENUE H STE 508
City-St-Zip: ARLINGTON, TX 76011

Title: D,VP () Delete
Name: DAVIS, MARTHA S
Address: 16143 HARBAR OAKS DRIVE
City-St-Zip: MOUNTVERDE, FL 34756

Title: VP,D () Delete
Name: STAMBAUGH, MARK
Address: 805 AVENUE H STE 508
City-St-Zip: ARLINGTON, TX 76011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: DAVIS, MARTHA S PRES.
Address: 16143 HARBAR OAKS DRIVE
City-St-Zip: MONT VERDE, FL 34756

Title: VP,D (X) Change () Addition
Name: PLUNK, CHARLIE
Address: 805 AVENUE H STE 508
City-St-Zip: ARLINGTON, TX 76011

Title: S,D (X) Change () Addition
Name: DAVIS, TALMON E
Address: 16143 HARBAR OAKS DRIVE
City-St-Zip: MOUNTVERDE, FL 34756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TALMON E. DAVIS

VP

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date