## 2008 FOR PROFIT CORPORATION

## FILED Apr 24, 2008 8:00 am Secretary of State

ANNUAL KEPUKI							SCCICI	aiy '	OI 13	iaic
DOCUMENT # G37432  1. Entity Name SUPERIOR TRIM & DOOR, INC.						4	04-24-200	8 90109 (	)23 ***1	150.00
Principal Place	8	Mailing Address	na Address		Ì					
2840 W. ORANGE AVE. APOPKA, FL 32703-3399			2840 W. ORANGE AVE. APOPKA, FL 32703-3399							
						E3881111 8888	12111 18811 BIBSE 12118 1181		MAN AIDIL AIDE	1001 16 1001
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #. etc.			04162008	Chg-P CR2E034 (12/06)			
City & State			City & State			4. FEI Number Applied For 59-2286809 Not Applicable				
Žip		Country	Zip				of Status Desired	Fe	8.75 Addi	
		and Address of Current	Registered Agent			7. Name and	Address of New Re	egistered Ag	ent	
LEMIEUX, KEITH B. 2840 W. ORANGE AVE.					Street Address (P.O. Box Number is Not Acceptable)					
APOPKA, FL 32703-3399										
								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_	Signature, typed	or printed name of registered agent	and title if applicable (NO)	d Agent signature required	1 when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND D	DIRECTOR!	S IN 11
TITLE	P Delete IIII				E				Change	Addition
NAME	LEMIEUX, KEITH B.			NAM	l l					
STREET ADDRESS	ADDRESS 2840 W. ORANGE AVE.		STRE		EET ADDRESS					
CITY-ST-ZIP	APOPKA	, FL 327033399		CITY	'-\$T-ZIP					
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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.										
SIGNAT	URE ?	Kaul P	> Kur	0.000.000	700		4/4/08		/time Phone #	
		SHEMATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	Y OK DIKEC	· · · · ·		Date	Uay	WIND CITATION	