


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # H64275 1. Entity Name SUPERIOR DESIGN PRODUCTS, INC.	
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Principal Place of Business 9824 CURRIE DAVIS DR. TAMPA, FL 33619	Mailing Address 9824 CURRIE DAVIS DR. TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2546620	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AKINS, GEORGE O.
2809 COMMONWEALTH AVE
VALRICO, FL 33594

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P FORSYTH, KEVIN 1713 EL TAIR TRL CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP AKINS, GEORGE 2809 COMMON WEALTH AVE VALRICO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S AKINS, ELLIS 1888 GREYSTONE HEIGHT DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/21/04-80018-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/19/04 813-623-1492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #