


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90002 039 ***550.00

DOCUMENT # J21345 1. Entity Name SUPERIOR BEVERAGES UNLIMITED, INC.	
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Principal Place of Business 2024 MERCERS FERNERY DELAND, FL 32720	Mailing Address 2024 MERCERS FERNERY DELAND, FL 32720
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2. Principal Place of Business - No P.O. Box # 1290 E. International Speedway	3. Mailing Address P.O. Box 1450
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DeLand FL	City & State DeLand FL
Zip 32724	Country USA
Zip 32724	Country USA

6. Name and Address of Current Registered Agent HAND, JACK G JR 200 W FORSYTH ST SUITE 1000 JACKSONVILLE, FL 32202	
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT ROBERSON, ROBERT C 2024 MERCERS FERNERY RD DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Roberson Robert C 4650 Links Village Drive B601 Ponce Inlet, FL 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERSON, JOANNE M 2024 MERCERS FERNERY RD DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec Roberson Joanne M 4650 Links Village Drive B601 Ponce Inlet, FL 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: Robert C Roberson **5/30/07** **(386) 738-3808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert C Roberson