

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # J25504

1. Entity Name

SUPERIOR MULCH INC.



Principal Place of Business

% JAMES LULFS
7457 PARK LN RD
LAKE WORTH FL 33467

Mailing Address

% JAMES LULFS
7457 PARK LN RD
LAKE WORTH FL 33467



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2712633**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LANCIANESE, MICHELLE
7457 PARK LN RD
LAKE WORTH FL 33467

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

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD LULFS, BRAIN 7457 PARK LN RD LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LANCIANESE, MICHELLE 8640 LANTANA ROAD LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V VANREETH, KATHRYN 8640 LANTANA ROAD LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T EPLING, ANN 8640 LANTANA ROAD LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CROTEAU, JULIE 8640 LANTANA ROAD LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
	U00000625164 02/14/07-80064-011 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2307 661-439
2903