

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90284 045 ***150.00

DOCUMENT # J44817

1. Entity Name

SUPERIOR EXTERIORS, INC.



Principal Place of Business

2223 S. CARNIGE DR.
SUITE 119
INVERNESS FL 34450
US

Mailing Address

2223 S. CARNIGE DR.
SUITE 119
INVERNESS FL 34450
US

00163106

2. Principal Place of Business

2223 S. CARNIGE DR.
Suite, Apt. #, etc.

3. Mailing Address

2223 S. CARNIGE DR.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

INVERNESS, FL

City & State

INVERNESS, FL

4. FEI Number

59-2771196

Applied For

☐ Not Applicable

Zip

34450

Country

US

Zip

34450

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FURRY, HUBERT
2223 S. CARNIGE DR.
INVERNESS FL 34450

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

HUBERT FURRY V. PRESIDENT

4-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 DPST ☐ Delete
NAME FURRY, NINA
STREET ADDRESS 2223 S. CARNIGE DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE V ☐ Delete
NAME FURRY, HUBERT
STREET ADDRESS 2223 S. CARNIGE DR.
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

HUBERT FURRY, HUBERT FURRY 5/20/04 352-341-2510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #