

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J85999 1. Entity Name SUPERIOR VALET SERVICE, INC.	
---	---

Principal Place of Business % PAUL KLIMANTIRIS 2478 OKLAHOMA ST W. PALM BEACH, FL 33406	Mailing Address % PAUL KLIMANTIRIS 2478 OKLAHOMA ST W. PALM BEACH, FL 33406
---	---



01212004 No Chg-P CR2E03A (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0004463	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**KLIMANTIRIS, PAUL
2478 OKLAHOMA ST
W. PALM BEACH, FL 33406**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000027443
02/03/04-80047-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLIMANTIRIS, PAUL 2478 OKLAHOMA ST W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KLIMANTIRIS, ANNA 2478 OKLAHOMA ST W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Klimantiris 1-30-04 561-697-8421

Date

Daytime Phone #