

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23002

FILED
Mar 27, 2004
Secretary of State

Entity Name: SUPERIOR COMMERCIAL SERVICES, INC.

Current Principal Place of Business:

19241 PERSIMMON RIDGE RD
ALVA, FL 33920 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1021
ALVA, FL 33920

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KETCHEM, MICHAEL
21650 PEARL ST
ALVA, FL 33920 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KETCHEM, MICHAEL
Address: 19241 PERSIMMON RIDGE ROAD
City-St-Zip: ALVA, FL 33920

Title: V () Delete
Name: KONCAR, CARRIE B
Address: 8200 PENZANCE BLVD
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KETCHEM, MICHAEL
Address: 19771 GOIN OUTBACK DRIVEP
City-St-Zip: ALVA, FL 33920

Title: V (X) Change () Addition
Name: RIGGI, BONNIE L
Address: 316 WINDRUSH BLV APT 1
City-St-Zip: INDIAN ROCKS BEACH, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL G. KETCHEM

P

03/27/2004

Electronic Signature of Signing Officer or Director

Date