


2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00
Secretary of State

DOCUMENT # L92800
1. Entity Name
SUPERIOR HONING EQUIPMENT, INC.



Principal Place of Business Mailing Address
6691 33RD ST. EAST 6691 33RD ST. EAST
SARASOTA, FL 34243 SARASOTA, FL 34243

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3024751 Not Applicable

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

6. Name and Address of Current Registered Agent
HARMOUNT, JACK A.
6891 33RD STREET EAST
SARASOTA, FL 34243

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 relinquishing) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D HARMOUNT, JACK A. 5707-45TH ST. E., #53 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMOUNT, KENT W. 3737 50TH AVENUE WEST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDI, JOHN 3534 EAST FOREST LAKE CR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80055-002 150.00

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

SIGNATURE: Jack A. Harmount Date: 4-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____