


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

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



Principal Place of Business 6691 33RD ST. EAST SARASOTA, FL 34243	Mailing Address 6691 33RD ST. EAST SARASOTA, FL 34243
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**DO NOT WRITE IN THIS SPACE**



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3024751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HARMOUNT, JACK A.  
 6691 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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. 306 136TH CT. E. BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDI, JOHN 3534 EAST FOREST LAKE CR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000855720  
 03/27/08-80060-020 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Jack A. Harmor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/6/08 941 758-1266  
 Daytime Phone #