

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90048 027 ***150.00

DOCUMENT # M31439

1. Entity Name
SUPERIOR ELECTRONICS, INC.



Principal Place of Business
**1335 MARTIN LUTHER KING JR AVE
DUNEDIN, FL 34698**

Mailing Address
**1335 MARTIN LUTHER KING JR AVE
DUNEDIN, FL 34698**

2. Principal Place of Business - No P.O. Box #
2061-2063 RANGE ROAD

3. Mailing Address
2061-2063 RANGE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER, FLORIDA

City & State
CLEARWATER, FLORIDA

Zip
33765

Country
U.S.A.

Zip
33765

Country
U.S.A.

01302008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2684361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, ANN
2419 SUMMERWOOD CT
DUNEDIN, FL 34698**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DE SOUZA, SHERMAN A	
STREET ADDRESS	1313 WILDWOOD CT	
CITY - ST - ZIP	DUNEDIN, FL	
TITLE	C.E.O.	<input type="checkbox"/> Delete
NAME	ANN KENNEDY	
STREET ADDRESS	2419 SUMMERWOOD CT	
CITY - ST - ZIP	DUNEDIN, FL 34698	
TITLE	C.T.O.	<input type="checkbox"/> Delete
NAME	KAMILL HILBERTH	
STREET ADDRESS	2700 BAYSHORE BLVD. # 493	
CITY - ST - ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #