2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90045 008 ****61.25

DOCUMENT # N00000006453

1. Entity Name
SUPERCHANNEL CENTRE, INC.

400046993

Principal Place of Business	Mailing Address
~~4520 PARKBREEZE COURT~~ ~~ORLANDO, FL 32808~~ 285 W. Central Pkwy., Suite 1716 ~~Altamonte Springs, FL 32714~~	~~4520 PARKBREEZE COURT~~ ~~ORLANDO, FL 32808~~ P O Box 608040 Orlando,FL 32860

01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3388634
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOWERS, CLAUD
~~4520 PARKBREEZE COURT~~
~~ORLANDO, FL 32808~~
285 W.Central Pkwy.
Suite 1716
Altamonte Springs, FL
32714

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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: _____ 03/30/2005
Claud Bowers
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWERS, CLAUD
STREET ADDRESS	477 PICKFORD POINT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VSTD
NAME	BOWERS, FREEDA
STREET ADDRESS	477 PICKFORD POINT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD
NAME	HOWELL, P.B. JR.
STREET ADDRESS	603 GIBSON STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	SD
NAME	BEIK, STEPHEN W
STREET ADDRESS	2229 EARLEAF COURT
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	COURTE, ANGELA
STREET ADDRESS	5055 LATROBE DRIVE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: _____ 03/30/2005 407/298-5555
Claud Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #