

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90017 034 \*\*\*158.75

<b>DOCUMENT # P00000046843</b>	
1. Entity Name <b>SUPERIOR HOME LOAN &amp; MORTGAGE COMPANY, INC.</b>	

Principal Place of Business <b>4400 BAYOU BLVD., STE. 19 PENSACOLA, FL 32503</b>	Mailing Address <b>P.O. BOX 30491 PENSACOLA, FL 32503</b>
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2. Principal Place of Business <b>201 E. Government St Suite, Apt. #, etc. Ste 33</b>	3. Mailing Address <b>201 E. Government St Suite, Apt. #, etc. Suite 33</b>
City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
Zip <b>32502</b>	Zip <b>32502</b>
Country <b>Escambia</b>	Country <b>Escambia</b>

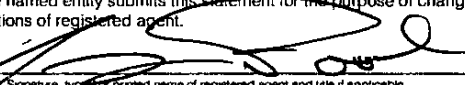


02162006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3644294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>POULE, JAMES 4400 BAYOU BLVD., STE. 19 PENSACOLA, FL 32503</b>	7. Name and Address of New Registered Agent Name <b>James Poule</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 E. Government Street</b> <b>Suite 33</b> City <b>Pensacola</b> FL Zip Code <b>32502</b>
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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  DATE **2-16-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD POULE, JAMES 6 N 77TH AVENUE PENSACOLA, FL 32506</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2-16-06** Daytime Phone # **850-469-0122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR