2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053835

FILED Feb 23, 2007 Secretary of State

Entity Na	me: SUPERIO	DR SERVICES & SUPPLY, INC).		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4318 B NOWLING ROAD JAY, FL 32565			4318 NOWLING ROAD JAY, FL 32565		
Current N	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
4318 NOW JAY, FL 3	VLING ROAD 2565		P. O. BOX 432 CENTURY, FL 32535		
FEI Number	: 59-3663230	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BANKESTER, LARRY E 4318 NOWLING RD			ROBINSON, MARILYN I	L PRES	
JAY, FL 3			P. O. BOX 432 CENTURY, FL 32535	US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: MARILYN	I L. ROBINSON		02/23/2007	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ROBINSON, M 350 W HWY 4 CENTURY, FL		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:) Delete .ARRY E 3 RD	• •) Change()Addition	
Title: Name: Address: City-St-Zip:	VPMC (X BANKESTER, F 3541 BEAGLES PENSACOLA, F	STREET	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	VPS (X BANKESTER, F) Delete PAULA	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARILYN L. ROBINSON **PRES** 02/23/2007

3541 BEAGLES STREET

PENSACOLA, FL 32514

Address:

City-St-Zip: