

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90220 013 \*\*\*158.75

<b>DOCUMENT # P00000101415</b> 1. Entity Name <b>SUPERIOR COMMERCE PARK, INC.</b>			
Principal Place of Business <b>2840 W ORANGE AVE CASSELBERRY, FL 32730</b>		Mailing Address <b>2840 W ORANGE AVE CASSELBERRY, FL 32730</b>	
2. Principal Place of Business <b>1917 Boothe Circle</b> Suite, Apt. #, etc. <b>#131</b>		3. Mailing Address <b>P.O. Box 941719</b> Suite, Apt. #, etc.	
City & State <b>Longwood, FL</b> Zip <b>32750</b>		City & State <b>MAITLAND FL.</b> Zip <b>32794</b>	
4. FEI Number <b>59-3694158</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>LEMIEUX, KEITH B 2840 W ORANGE AVE APOPKA, FL 32703</b>		7. Name and Address of New Registered Agent Name <b>Donald L. Moore Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1917 Boothe Circle</b> <b>#171</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32750</b>	
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 <b>DONALD L. MOORE, JR.</b> <b>4/20/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LEMIEUX, KEITH B</b> <b>2840 W ORANGE AVE</b> <b>APOPKA, FL 32703</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	<b>DS</b> <b>MCMULTY, CHARLES A</b> <b>442 TIMBER RIDGE PLACE</b> <b>LONGWOOD, FL 32779</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	<b>D</b> <b>MOORE, DONALD</b> <b>P.O. BOX 941719</b> <b>MAITLAND, FL 32794</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VS, AS</b> <b>DONALD L. MOORE JR.</b> <input checked="" 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
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
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 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 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: <b>DONALD L. MOORE, JR.</b> <b>4/20/04</b> <b>407339-9883</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			