

1/24/04


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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 08, 2004 08:00 AM

Secretary of State

DOCUMENT # P00000107243 1. Entity Name SUPERIOR AERIAL PHOTOGRAPHY, INC.	
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Principal Place of Business 21767 HIGH PINE TRAIL BOCA RATON, FL 33428	Mailing Address 21767 HIGH PINE TRAIL BOCA RATON, FL 33428
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DO NOT WRITE IN THIS SPACE

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01242004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DUDLEY, EVERETT H JR.
21767 HIGH PINE TRAIL
BOCA RATON, FL 33428

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUDLEY, HELENMARY R
STREET ADDRESS	HQV COPRS, CMR 420, BOX 976
CITY-ST-ZIP	APO, AE 090630976
TITLE	O
NAME	DUDLEY, EVERETTE H III
STREET ADDRESS	HQV CORPS, CMR 420, BOX 976
CITY-ST-ZIP	APO, AE 090630976
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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

2mnd4

Date

Daytime Phone #