2005 FOR PROFIT CORPORATION ANNUAL REPORT

Edwards

Jan 24, 2005 8:00 am Secretary of State 00000114553 01-24-2005 90036 026 ***158.75 SUPÉRIOR AUTO ELECTRIC, INC. Principal Place of Business ____ Mailing Address 5000 RALPH MILLER ROAD 1507 PINE AVENUE 4803 DISTRIBUTION COURT UNIT 7 ST CLOUD, FL 34771-9695 ORLANDO, FL 32824 2. Principal Place of Business 3. Mailing Address 1507 PINE AVE Suite, Apt. #, etc. Suite, Apt. #, etc n modelecomoned 01192005 0000Applied For City & State City & State 4. FEI Number ORLANDO , FL 59-3684844 Not Applicable Country Zip Country **\$8.75** 2 000000000 5. Certificate of Status Desired 32824 nicom commo 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARDS, SHARON E Street Address (P.O. Box Number is Not Acceptable) 5000 RALPH MILLER ROAD ST CLOUD, FL 34771-9695 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 a como FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PVTS: ☐ Change ☐ Addition TITI F ☐ Delete TITLE EDWARDS, SHARON E NAME NAME STREET ADDRESS 5000 RALPH MILLER ROAD STREET ADDRESS CITY-S7-ZIP CITY-ST-ZIP ST CLOUD, FL 347719695 TITLE Delete MLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY+ST-ZIP ☐ Change ☐ Addition ☐ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete me TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

SHARON E. EDWARDS

FILED

321-388-8321

1-19-05