

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000115377

1. Entity Name
SUPERIOR CYBER SERVICES, INC.



Principal Place of Business
1430 MALLARD LANDING BLVD.
JACKSONVILLE, FL 32259

Mailing Address
1430 MALLARD LANDING BLVD.
JACKSONVILLE, FL 32259

FILED

04 SEP -8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/05/04 90246 036 1500

DO NOT WRITE IN THIS SPACE

09032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3689431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPE, MICHAEL
1430 MALLARD LANDING BLVD
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

SEPT 3, 2004
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPE, MICHAEL 1930 MALLARD LANDING BLVD JACKSONVILLE, FL 32259
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: Michael J. Cape MICHAEL J. CAPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT. 3, 2004 904-992-3309
Date Daytime Phone #