## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000007895

Entity Name: SUPERIOR DEVELOPMENT SYSTEMS, INC.

FILED Apr 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3851 62ND AVENUE N 6240 39TH STREET NORTH SUITE A SUITE F PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 **Current Mailing Address: New Mailing Address:** 3851 62ND AVENUE N 6240 39TH STREET NORTH SUITE A SUITE F PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 FEI Number: 59-3702399 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: H. WILLIAM LARSON 11199 69TH STREET NORTH LARGO, FL 33773 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ).

Title:

## **OFFICERS AND DIRECTORS:**

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition COLPOYS, SEAN Name: Name: 1832 FOX CIRCLE Address: Address: CLEARWATER, FL 33764 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CLIFF, RICHARD A Name: Name: 3851 62ND AVENUE N - SUITE I Address: Address: PINELLAS PARK, FL 33781 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition CUNNINGHAN, JAMIE L Name: CUNNINGHAN, JAMIE L Name: 1870 WATEROAK DRIVE WEST 1331 DICKENSON DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JAMIE CUNNINGHAM D 04/28/2004