



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90224 001 ***150.00

DOCUMENT # P01000007895 1. Entity Name SUPERIOR DEVELOPMENT SYSTEMS, INC.					
Principal Place of Business 6240 39TH STREET NORTH SUITE F PINELLAS PARK, FL 33781			Mailing Address 6240 39TH STREET NORTH SUITE F PINELLAS PARK, FL 33781		
2. Principal Place of Business 8790 66th Court Suite, Apt. #, etc.		3. Mailing Address 8790 66th Court Suite, Apt. #, etc.			
City & State Pinellas Park, FL		City & State Pinellas Park, FL		4. FEI Number 59-3702399	
Zip 33782		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent H. WILLIAM LARSON 11199 69TH STREET NORTH LARGO, FL 33773				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLPOYS, SEAN <input type="checkbox"/> Delete 1832 FOX CIRCLE CLEARWATER, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2178 Wrens Way Clearwater, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFF, RICHARD A <input type="checkbox"/> Delete 9851 02ND AVENUE N - SUITE F PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12252 Windtree Blvd Seminole, FL 33772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JAMIE L <input type="checkbox"/> Delete 1331 DICKENSON DRIVE CLEARWATER, FL 33764		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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					