


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90041 014 ***150.00

DOCUMENT # P01000029534	
1. Entity Name SUPER SERVICE INCORPORATED	

Principal Place of Business 11644 URADEO PL SAN ANTONIO, FL 33576	Mailing Address 11644 URADEO PL SAN ANTONIO, FL 33576
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2. Principal Place of Business - No P.O. Box # 11644 URADCO PL	3. Mailing Address 11644 URADCO PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAN ANTONIO, FL	City & State SAN ANTONIO, FL
Zip 33576	Zip 33576
Country	Country

60007813



01032007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3707011		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 ROY, DAVID A 1121 HANCOCK LAKE RD. BROOKSVILLE, FL 34602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.

SIGNATURE *David A. Roy Pres* DATE 1/8/07

Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROY, DAVID A 1121 HANCOCK LAKE RD. BROOKSVILLE, FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David A. Roy Pres* DATE 1/8/07 DAYTIME PHONE 352/796-4442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR