2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079607

Entity Name: CURERIOR ROOF AND RA

DAVENPORT, JEFFREY P

TALLAHASSEE, FL 32311

945 PARKVIEW DR.

Name:

Address:

City-St-Zip:

FILED Apr 27, 2004 Secretary of State

Entity Name: SUPERIOR POOL AND PATIO, INC. **Current Principal Place of Business: New Principal Place of Business:** 3353 US HWY, 92 E. LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 501 KEENE PARK DR. E. LARGO, FL 33771 FEI Number: 59-3734878 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: OLSON, MARK R P 501 KEÉNE PARK DRIVE EAST LARGO, FL 33771 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 (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPS () Delete Title: () Change () Addition OLSON, MARK Name: Name: 501 KEENE PARK DR. E. Address: Address: City-St-Zip: LARGO, FL 33771 City-St-Zip: Title: DV Title: () Delete () Change () Addition Name: DUCKWORTH, DARRYL B Name: 1119 BURRISRIDGE DR. Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: (X) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK R. OLSON P 04/27/2004