


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90033 042 \*\*\*550.00

<b>DOCUMENT # P01000092098</b> 1. Entity Name <b>SUPERIOR ELECTRICAL, INC.</b>					
Principal Place of Business <b>1390 FT PICKENS RD, #226 PENSACOLA BEACH, FL 32561</b>			Mailing Address <b>1390 FT PICKENS RD, #226 PENSACOLA BEACH, FL 32561</b>		
2. Principal Place of Business <b>1515 LIGHTHOUSE CT</b>			3. Mailing Address <b>1515 LIGHTHOUSE CT</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>GULF BREEZE, FL</b>			City & State <b>GULF BREEZE, FL</b>		
Zip <b>32563</b>		Country <b>USA</b>		Zip <b>32563</b>	
Country <b>USA</b>		4. FEI Number <b>59-3750104</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>LAICHE, JOHN M 1390 FT PICKENS RD, #226 PENSACOLA BEACH, FL 32561</b>			7. Name and Address of New Registered Agent Name <b>TRACY WATSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1515 LIGHTHOUSE CT</b> City <b>GULF BREEZE, FL</b> Zip Code <b>32563</b>		
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 <u><i>Tracy Watson</i></u> DATE <u>9/6/05</u> <small>Signature typed or printed (Name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAICHE, JOHN M 1390 FT PICKENS RD, #226 PENSACOLA BEACH, FL 32561</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JOHN M LAICHE 9260 SPEERBERRY CIR CORDOVA, TN 38016</b> <input checked="" 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	
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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: <u><i>John M Laiche</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9/6/05</u> Daytime Phone # <u>(901) 331-8066</u>		

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