


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000000295 1. Entity Name SUPERIOR AUTOMOTIVE CENTER, INC	
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Principal Place of Business 3550 BARRANCAS AVE PENSACOLA, FL 32507	Mailing Address 3550 BARRANCAS AVE PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE



01232004	No Chg-P	CR2E034 (10/03)
4. FEI Number 02-0533632	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, JOSEPH D
 3550 BARRANCAS AVE
 PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, JOSEPH D 8902 BOWMAN AVE. PENSACOLA, FL 32534
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U00000047436
 02/12/04-80039-025 8.75

U00000047436
 02/12/04-80039-026 150.00

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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: Joseph D Myers _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____