


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

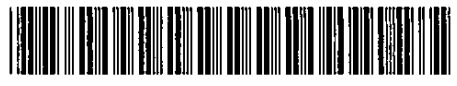
FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90046 011 ***150.00

DOCUMENT # P02000000295
 1. Entity Name
SUPERIOR AUTOMOTIVE CENTER, INC



Principal Place of Business Mailing Address
3550 BARRANCAS AVE **3550 BARRANCAS AVE**
PENSACOLA FL 32507 **PENSACOLA FL 32507**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For
02-0533632 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MYERS, JOSEPH D
3550 BARRANCAS AVE
PENSACOLA FL 32507

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

FILE NOW!!! FEE IS \$150.00
After May-1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MYERS, JOSEPH D	
STREET ADDRESS	8002 BOWMAN AVE.	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	V	<input type="checkbox"/> Delete
NAME	MYERS, KAREN	
STREET ADDRESS	8902 BOWMAN AVE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	SAT	<input type="checkbox"/> Delete
NAME	HINTON, SHERRI	
STREET ADDRESS	8395 BOWMAN AVE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINTON, JOHN	
STREET ADDRESS	8395 BOWMAN AVW	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MYERS	
STREET ADDRESS	MYERS, KAREN D	
CITY-ST-ZIP	9902 BOWMAN AVE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/SIT	
STREET ADDRESS	HINTON, SHERRI	
CITY-ST-ZIP	8395 BOWMAN AVE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	MYERS, JOSEPH D.	
CITY-ST-ZIP	8902 BOWMAN AVE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Karen D Myers* 3/8/08 1-850-457-3533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X Date X Daytime Phone #