

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000295

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** SUPERIOR AUTOMOTIVE CENTER, INC

**Current Principal Place of Business:**

3550 BARRANCAS AVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

3550 BARRANCAS AVE  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 02-0533632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINTON, SHERRI  
3550 BARRANCAS AVENUE  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MYERS, KAREN D  
Address: 8902 BOWMAN AVE  
City-St-Zip: PENSACOLA, FL 32534

Title: VST  
Name: HINTON, SHERRI  
Address: 8395 BOWMAN AVE  
City-St-Zip: PENSACOLA, FL 32534

Title: D  
Name: HINTON, JOHN  
Address: 8395 BOWMAN AVE  
City-St-Zip: PENSACOLA, FL 32534

I hereby 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 all other like empowered.

SIGNATURE: SHERRI HINTON

VST

01/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date