

2004 FORT MYERS CORPORATION ANNUAL REPORT

DOCUMENT # P02000005876

1. Entity Name
SUPERIOR SECURITY & SOUND, INC.



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91057 039 ***150.00

Principal Place of Business
826 SUPERIOR STREET
FORT MYERS, FL 33916

Mailing Address
826 SUPERIOR STREET
FORT MYERS, FL 33916



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0002788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEDEIROS, STEVEN
826 SUPERIOR STREET-
FORT MYERS, FL 33916

**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: *Stacey Medeiros V.P.*

4/20/04

Signature types in or prints name of registered agent for all the following.

NOTE: Registered Agent's signature required on certificate.

DATE

**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 MEDEIROS, STEVEN 826 SUPERIOR STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEDEIROS, STACEY 826 SUPERIOR STREET FORT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Stacey Medeiros VP Stacey Medeiros*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

DATE

DATE OF FILING

Attachment
DH# P0200005876
94082412

