


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90257 005 ***150.00

DOCUMENT # P02000064781	
1. Entity Name SUPERIOR SERVICES OF BREVARD, INC.	

Principal Place of Business 730 DANIELS AVE. PALM BAY, FL 32908	Mailing Address 730 DANIELS AVE. PALM BAY, FL 32908
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94075896

2. Principal Place of Business 283 High Rd. NW	3. Mailing Address P. O. Box 100211
Suite, Apt. #, etc.	Suite, Apt. #, etc.



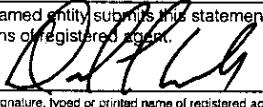
04162004 Chg-P CR2E034 (10/03)

City & State Palm Bay FL	City & State Palm Bay FL
Zip 32907	Country USA
Zip 32910	Country USA

4. FEI Number 38-3652578	Applied For <input type="checkbox"/> Not Applicable
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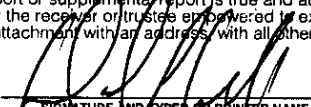
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARROLL, DAVID L 730 DANIELS AVE. PALM BAY, FL 32908	
7. Name and Address of New Registered Agent Name David L. Carroll Street Address (P.O. Box Number is Not Acceptable) 283 High Rd NW City Palm Bay FL Zip Code 32907	

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 	David L. Carroll, Reg. Agent 4/16/04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARROLL, DAVID L 730 DANIELS AVE. PALM BAY, FL 32908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Carroll, David L. 283 High Rd. NW Palm Bay FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CURTIS, STEPHEN 2772 TOLMAN AVE. SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Curtis, Stephen 629 Cornelia Ave SE Palm Bay FL 32909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CURTIS, RHONDA 2772 TOLMAN AVE SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Carroll, Rhonda 283 High Rd. NW Palm Bay FL 32907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CURTIS, HOPE 2772 TOLMAN AVE. SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Curtis, Hope 629 Cornelia Ave SE Palm Bay FL 32909 <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

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: 	David Carroll, Pres 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone # 953-2332