

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000067941

1. Entity Name
SUPERIOR YARD DECOR, INC.



Principal Place of Business
**1057 N. HWY 17-92
LONGWOOD, FL 32750**

Mailing Address
**2323 S VOLUSIA AVE
ORANGE CITY, FL 32763**

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0465632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARTENS, ALEX G
1057 N. HWY 17-92
LONGWOOD, FL 32750**

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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	P
NAME	MARTENS, ALEX
STREET ADDRESS	7995 1ST AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707

TITLE	V
NAME	SEXTON, DAVID N
STREET ADDRESS	4001 TAMiami TRAIL N#404
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	
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**U000000097646
03/23/04-80008-016 150.00**

**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 affidavit with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/04 (386) 774-9861
Date Daytime Phone