

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000068314**

1. Entity Name  
**SUPERIOR BUS TOURS, INC.**



Principal Place of Business  
**3923 LAKE WORTH ROAD  
SUITE # 111  
LAKE WORTH, FL 33461**

Mailing Address  
**3923 LAKE WORTH ROAD  
SUITE # 111  
LAKE WORTH, FL 33461**

**DO NOT WRITE IN THIS SPACE**



06082004 No Chg-P CR2E034 (10/03)

4. FEI Number **03-0468614** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KYYRO, KIMMO P  
8044 STIRRUP CAY CT  
BOYNTON BEACH, FL 33436**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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 KYYRO, KIMMO P 8044 STIRRUP CAY COURT BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEHTO, TIMO-PEKKA 6898 PERDIDO BAY TERRACE LAKE WORTH, FL 33463
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000162525  
06/14/04-80002-006 550.00

**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 address, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-9-04 561-662-0189