


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90012 014 \*\*\*150.00

**DOCUMENT # P03000071500**

1. Entity Name  
**SUPERIOR STONE SERVICES, INC.**



Principal Place of Business  
**716 PORTIA ST N  
 NOKOMIS FL 34275**

Mailing Address  
**716 PORTIA ST N  
 NOKOMIS FL 34275**

**66432335**



MOORE CR2E034 (4/04)

2. Principal Place of Business  
**4559 CLARK Rd**

3. Mailing Address  
**4559 CLARK Rd**

Suite, Apt. #, etc.  
**Unit C**

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

Zip  
**34233**

Country  
**USA**

4. FEI Number  
**562373612**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME PTD IZZO, BRUNO C JR	<input type="checkbox"/> Delete
STREET ADDRESS 716 PORTIA ST N	
CITY-ST-ZIP NOKOMIS FL 34275	
TITLE NAME VSD IZZO, DEVRA A	<input type="checkbox"/> Delete
STREET ADDRESS 716 PORTIA ST N	
CITY-ST-ZIP NOKOMIS FL 34275	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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]* **VP** 7/27/04 941-927-3900  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #