

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000072495

1. Entity Name
SUPERIOR WASTE & CLEARING, INC.



Principal Place of Business
**8804 SONNYBOY LANE
PENSACOLA, FL 32514**

Mailing Address
**8804 SONNYBOY LANE
PENSACOLA, FL 32514**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1085214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, SIRENA D
8804 SONNYBOY LANE
PENSACOLA, FL 32514**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENE, CLARENCE E
STREET ADDRESS	10390 COVE AVE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	D
NAME	MARTIN, SIRENA D
STREET ADDRESS	8804 SONNYBOY LANE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	GREEN, ANTHONY JR
STREET ADDRESS	8804 SONNYBOY LANE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	GREENE, RITA M
STREET ADDRESS	10390 COVE AVE
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000712146
04/26/07-80035-009 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the like empowered.

SIGNATURE:

Sirena Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

851-477-2592

Daytime Phone #