

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148978

Entity Name: SUPER SLIDER SERVICE, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

994 N BARFIELD DR STE 8
MARCO ISLAND, FL 34145

New Principal Place of Business:

939 CHALMERS DR. STE #3
MARCO ISLAND, FL 34145

Current Mailing Address:

994 N BARFIELD DR STE 8
MARCO ISLAND, FL 34145

New Mailing Address:

939 CHALMERS DR. STE #3
MARCO ISLAND, FL 34145

FEI Number: 20-0365331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARK E
343 PORTER ST
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WILLIAMS, MARK E
Address: 343 PORTER ST
City-St-Zip: NAPLES, FL 34113

Title: VPS () Delete
Name: POPE, JAIME L
Address: 343 PORTER STREET
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME L POPE

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date