


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P04000017088</b> 1. Entity Name <b>SUPERIOR SPRAY SERVICE INC.</b>	
--	---

Principal Place of Business <b>1114 EAST PALMETTO ST. LAKELAND, FL 33801 US</b>	Mailing Address <b>PO BOX 8913 LAKELAND, FL 33806 US</b>
--	---



02272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-1204087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES BLANKS, KEVIN 1114 EAST PALMETTO ST. LAKELAND, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA BLANKS, MELONY 1114 EAST PALMETTO ST. LAKELAND, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR BLANKS, JOAN 2917 WILLOW AVE. LAKELAND, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLANKS, KENNETH 2917 WILLOW AVE. LAKELAND, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000712153  
04/26/07-80035-015-158.75

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 other like empowered.

**SIGNATURE:** Melony G Blanks Melony G Blanks 4/5/07 (813) 302-8085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #