## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000053525

1. Entity Name SUPERIOR AWNING SYSTEMS, INC.



## FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90560 027 \*\*\*150.00

Procedure   Present Place of Distances   Procedure							TEST .						
Surile. Apt. M. etc.    Surile. Apt. M. etc.   Surile. Apt. M. etc.   Deale   Surile. Apt. M. etc.   Deale   Registered Agent   A FEI Number   Agent   Apt. May be addition or registered Agent   A FEI Number   Agent   Apt. May be addition or registered Agent   A FEI Number   Agent   Apt. May be addition or registered Agent   A FEI Number   Agent   Apt. May be addition or registered Agent   A FEI Number   Apt. May be addition or registered Agent   Apt. May be addition or registered agent.   Apt. May be added to Fees   Addition   Apt. May be added to Fees   Add	1842 TOMOKA FARMS RD		1842 TOMOKA FARMS RD										
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Representation   Replication   Representation   Represent	2. Principal P	lace of Busir	ness	3. Mailing Addre	ess								
Zoumny   Zid   Country   St. Certificate of Satus Desired   S8.75 Additional Fee Required	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04282005	Chg-P	CR2E0	34 (10/03)		
S. Certificate of Status Desired   \$8.75 Additional Fee Required Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Name and Address of New Registered Agent   7. Name and Address	City & State	e		City & State			-					·	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Zip Country			·			\$8.75 Add	ditional	
Name		6. Name	and Address of Current	Registered Agent				7. Name and	Address of New	Registered /	Agent		
Sireal Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	HOLZMAN				· - · - · · · · · · · · · · · · · · · ·	Name			-				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, byte of prise an unit of registered agent with it applications.  PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  ITIE NAME HOLZMAN, CHARLES 1842 TOMOKA FARMS RD PT ORANGE, FL 32128  TITLE MAME SIREST ADDRESS CITY-S1-2P  Delete TITLE MAME SIREST ADDRESS CITY-S1-2P  TITLE MAME SIREST ADDRESS CITY-S1-2P  Delete TITLE MAME SIREST ADDRESS CITY-S1-2P  TITLE MAME SIREST ADDRESS CITY-S1-2P  TITLE MAME SIREST ADDRESS CITY-S1-2P  Delete TITLE MAME S	1842 TOMOKA FARMS RD				St			Street Address (P.O. Box Number is Not Acceptable)					
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NOTE Register Appets upward unwant unautaming)   NOTE   Register Appets upward unwant unautaming)   NOTE				or the purpose of ch	anging its regist	ered office or i	register	ed agent, or bo	th, in the State of I	Florida. I am	familiar with,	and accept	
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  HILE NAME HOLZMAN, CHARLES 1842 TOMOKA FARMS RD PT ORANGE, FL 32128  CITY-ST-2IP  TITLE NAME SIREET ADDRESS CITY-ST-2IP ADDRESS CITY-	SIGNATURE_	Signature, typed	or printed name of registered agen	t and title if applicable.	(NOTE: Registe	ered Agent signatur	e rednited	when reinstating)		DATE			
## After May 1, 2005 Fee will be \$550.00    Trust Fund Contribution.												<del></del>	
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12. I hereby certify that the information supplied with this filling 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:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Charles ER OR DIRECTOR // /-

7- - - 8- 05 (386) 25-7-0

Date Daytime Phone #