## **FILED** May 02, 2006 08:00 Al Secretary of State

ANNUAL REPORT	ON-
DOCUMENT # P04000062879	
1. Entity Name ELORIDA SUPERIOR CONSTRUCTION SERVICE INC.	



Principal Place of Business

2511 BECKY SUE DR ORLANDO, FL 32807 Mailing Address

2511 BECKY SUE DR ORLANDO, FL 32807



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6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-1006332 Not Applicable

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

MESA, AL 5240 E. COLONIAL DR SUITE F ORLANDO, FL 32807

SIGNATURE:

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

46-25-06

Daylime Phone #

04262006

SIGNATURE.	Signature, typed or printed name of registered agent and title t	f applicable. (NOTE Registered Agen	at signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			_
ITILE NAME STREET ADDRESS CITY-ST-ZIP	PD LIMA, CHRISTOPHER A 3804 ANTONY LN ORLANDO, FL 32822			000000559040 05/17/06-80121-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIMA, CRISTOBAL 2511 BECKY SUE DR ORLANDO, FL 32807			2011 000 100 IO	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_ :
12. Thereby of indicated of the corphanged,	pertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with a readdress, with all	ling does not qualify for the exempt and accurate and that my signature of the execute this report as required to other like empowered.	ions contained in Chapter 119 shall have the same legal effec by Chapter 607, Florida Statute	). Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11	f if

NG OFFICER OR DIRECTOR

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