

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90231 007 ***150.00

DOCUMENT # P04000098869

1. Entity Name
A SUPERIOR SIGNS INC.



Principal Place of Business
**10103 E COLONIEL DR
C
ORLANDO, FL 32817 US**

Mailing Address
**10103 E COLONIEL DR
C
ORLANDO, FL 32817 US**

40082220



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1325015	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHIMAN, DANIEL
13956 MAGNOLIA GLEN CIR
ORLANDO, FL 32828**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHIMAN, DANIEL E 13956 MAGNOLIA GLEN CIR ORLANDO, FL 32828
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHIMAN, CRAIG L 13956 MAGNOLIA GLEN CIR ORLANDO, FL 32828
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES SHIMAN, STUART H 13956 MAGNOLIA GLEN CIR ORLANDO, FL 32828
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

Daytime Phone # _____