

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **PD4000/03537**

1. Entity Name

Superior Mobile Detail, Inc.



FILED

06 MAY -1 AM 10: 30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8561 MARQUIS ST

Suite, Apt. #, etc.

3. Mailing Address

8561 Marquis St

Suite, Apt. #, etc.

EP

CR2E034B (8/05)

City & State

Tall FL

City & State

4. FEI Number

201348913

Applied For

Not Applicable

Zip

32309

Country

Leon

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jermaine Jackson

Street Address (P.O. Box Number is Not Acceptable)

8561 Marquis St

City

Tall

FL

Zip Code

32309

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

Jermaine Jackson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/01/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

**Owner - P
Jermaine Jackson
8561 Marquis St
Tall FL 32309**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**300075024059
05/22/06--01026--018 **150.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jermaine Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06

Date

850-294-8431

Daytime Phone #