

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90054 029 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P04000135809 1. Entity Name SUPERIOR SURPLUS SOLUTIONS, INC. | | | |  | |
| Principal Place of Business 3815 N US 1 STE 25 COCOA, FL 32926 | | | Mailing Address 3815 N US 1 STE 25 COCOA, FL 32926 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 11-3729325 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | | Name Humes, David | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 3815 N. U.S. 1, Ste. 25 | |
| | | | | City Cocoa | |
| | | | | FL Zip Code 32926 | |
| 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 | | David Humes, Pres. | | 1-14-05 | |
| 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, 2005 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUMES, DAVID 3815 N US 1 STE 25 COCOA, FL 32926 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HUMES, ALAN 3815 N US 1 STE 25 COCOA, FL 32926 | <input type="checkbox"/> Delete | | VTD Humes, Alan 3815 N. U.S. 1, STE 25 Cocoa, Fl. 32926 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HUMES, NANY TARA 3815 N US 1 STE 25 COCOA, FL 32926 | <input type="checkbox"/> Delete | | V Humes, Nayantara 3815 N. U.S. 1, STE 25 Cocoa, Fl. 32926 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HUMES, JOANNA 3815 N US 1 STE 25 COCOA, FL 32926 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BAILLARGEON, MELANIE 3815 N US 1 STE 25 COCOA, FL 32926 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAILLARGEON, JOSEPH 3815 N US 1 STE 25 COCOA, FL 32926 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE | | David Humes, Pres. | | 1-14-05 (321)638-0323 | |
| Signature and typed or printed name of signing officer or director | | Date | | Daytime Phone # | |