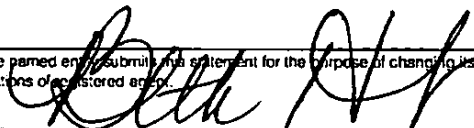
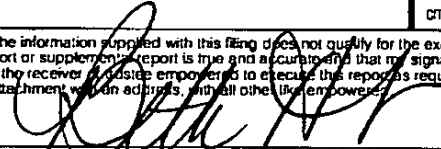


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-05-2005 90098 038 ***150.00

DOCUMENT # P04000153944			
1. Entity Name SUPERIOR HOME SERVICES, INC.			
Principal Place of Business 6566 PATRICIA DRIVE WEST PALM BEACH, FL 33413 US		Mailing Address P.O. BOX 17366 WEST PALM BEACH, FL 33416 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Number 20-1963798		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, ELENA 1940 MONKS COURT WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Beth Hieber Street Address (P.O. Box Number is Not Acceptable) 6566 Patricia Dr City WPB State FL Zip 33416	
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  DATE 4-27-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	P,VP HIEBER, VIC JR 6566 PATRICIA DRIVE WEST PALM BEACH, FL 33413 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Beth Hieber P.O. Box 17366 WPB, FL 33416 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, GLENN I 6546 HARWICH CENTER DRIVE WEST PALM BEACH, FL 33413 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 4-27-05 Daytime Phone #	

66044434



04272005 Chg-P CR2E034 (10/03)