

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90020 008 ***150.00

DOCUMENT # P04000157461 1. Entity Name SUPERIOR LEASING OF VOLUSIA, INC.					
Principal Place of Business 4650 LINKS VILLAGE DR B601 PONCE INLET, FL 32127			Mailing Address 4650 LINKS VILLAGE DR B601 PONCE INLET, FL 32127		
2. Principal Place of Business - No P.O. Box # 105 Inlet Harbor Rd		3. Mailing Address PO Box 1450			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ponce Inlet, FL		City & State DeLand, Florida		4. FEI Number 16-1717974	
Zip 32127		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAND, JACK G JR 200 W FORSYTH ST #1517 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	P ROBERSON, ROBERT C 4650 LINKS VILLAGE DR B607 PONCE INLET, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	105 Inlet Harbor Rd. Ponce Inlet, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROBERSON, JOANNE M 4650 LINKS VILLAGE DR B607 PONCE INLET, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	105 Inlet Harbor Rd Ponce Inlet, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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: <u>Joanne M. Roberson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-25-08 386-788-7866 <small>Date Daytime Phone #</small>		