



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/21/2006-90003-025-\$150.00-\$150.00

<b>DOCUMENT # P04000165726</b> 1. Entity Name <b>SUPERIOR POWDER COATING, INC.</b>						06 OCT 19 11 8:00  <b>50025726</b> 	
Principal Place of Business <b>9439 PINE LILLY CT NAVARRE, FL 32566</b>				Mailing Address <b>9439 PINE LILLY CT NAVARRE, FL 32566</b>			
2. Principal Place of Business <b>Superior Powder Coating</b> Suite, Apt. #, etc. <b>9031 NAVARRE PKWY</b> City & State <b>NAVARRE, FL</b> Zip <b>32566</b>				3. Mailing Address Suite, Apt. #, etc. <b>SAME</b> City & State Country <b>U.S.A.</b>			
4. FEI Number <b>20-2043545</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>TAXPRO, LLC 912 SOUTH PALM BLVD SUITE E NICEVILLE, FL 32578</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	P	MIDDLETON, RICHARD L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900081031049</b> <b>10/19/06--01043--021 **400.00</b>	
NAME		9439 PINE LILLY CT		NAME			
STREET ADDRESS		NAVARRE, FL 32566		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP	CARMICHAEL, TIMOTHY J	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2705 RAMBLER CT		NAME			
STREET ADDRESS		NAVARRE, FL 32566		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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.							
<b>SIGNATURE: <u>Richard Middleton</u> RICHARD MIDDLETON</b>				<b>1-31-2006</b> Date Daytime Phone #			