

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030166

FILED  
Mar 30, 2007  
Secretary of State

Entity Name: SUPERIOR MOULDINGS OF SW FLORIDA, INC.

## Current Principal Place of Business:

690 19TH ST NW  
NAPLES, FL 34120

## New Principal Place of Business:

5640 TAYLOR RD.  
SUITE 1  
NAPLES, FL 34109

## Current Mailing Address:

690 19TH ST NW  
NAPLES, FL 34120

## New Mailing Address:

160 19TH ST NW  
NAPLES, FL 34120

FEI Number: 74-3166430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAKIM, OMAR E  
690 19TH ST NW  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

WALWORTH, GLENDA M  
5640 TAYLOR RD  
SUITE 1  
NAPLES, FL 34109 US

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.

SIGNATURE: GLENDA M WALWORTH

03/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOOTISPAW, TONY  
Address: 690 19TH ST NW  
City-St-Zip: NAPLES, FL 34120

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALWORTH, WALTER W  
Address: 160 19TH ST NW  
City-St-Zip: NAPLES, FL 34120

Title: ST ( ) Change (X) Addition  
Name: WALWORTH, GLENDA M  
Address: 160 19TH ST NW  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W WALWORTH

P

03/30/2007

Electronic Signature of Signing Officer or Director

Date