


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90181 013 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000015738																																																																																																																																			
1. Entity Name SCULLEY & CAMPBELL SUPERB ENTERPRISE, INC.																																																																																																																																			
Principal Place of Business 6300 SW 20 STREET MIRAMAR, FL 33023			Mailing Address 6300 SW 20 STREET MIRAMAR, FL 33023																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 37-1537622																																																																																																																															
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent SCULLEY, OTHNIEL 6300 SW 20 STREET MIRAMAR, FL 33023				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																																																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th><th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 15%;">TITLE</td><td style="width: 55%;">D</td><td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td><td style="width: 15%;">TITLE</td><td style="width: 55%;"></td><td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>SCULLEY, OTHNIEL</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>6300 SW 20 STREET</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIRAMAR, FL 33023</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>D</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>SCULLEY, KARLENE</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>6300 SW 20 STREET</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIRAMAR, FL 33023</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>D</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>CAMPBELL, MABEL</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>6300 SW 20 STREET</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIRAMAR, FL 33023</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr></tbody></table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SCULLEY, OTHNIEL		NAME			STREET ADDRESS	6300 SW 20 STREET		STREET ADDRESS			CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SCULLEY, KARLENE		NAME			STREET ADDRESS	6300 SW 20 STREET		STREET ADDRESS			CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CAMPBELL, MABEL		NAME			STREET ADDRESS	6300 SW 20 STREET		STREET ADDRESS			CITY-ST-ZIP	MIRAMAR, FL 33023		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		
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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.																																																																																																																																			
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