

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000070586

FILED  
Dec 02, 2009  
Secretary of State

Entity Name: SUPERIOR CONCIERGE SERVICE INC.

**Current Principal Place of Business:**

217 DOE DR  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

217 DOE DR  
DAVENPORT, FL 33837

**New Mailing Address:**

FEI Number: 26-0454526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JIMERSON, KATHLEEN  
217 DOE DR  
DAVENPORT, FL 33837 US

**Name and Address of New Registered Agent:**

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: KATHLEEN JIMERSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: JIMERSON, KATHLEEN  
Address: 217 DOE DR  
City-St-Zip: DAVENPORT, FL 33837

Title: VP ( ) Delete  
Name: BUCHHARDT, TAMMY  
Address: 217 DOE DRIVE  
City-St-Zip: DAVENPORT, FL 33837

Title: VP ( ) Delete  
Name: HASSETT, VANESSA  
Address: 10340 NORTH GLEN DR.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN JIMERSON

Electronic Signature of Signing Officer or Director

PRES

12/02/2009

Date