

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000107370

1. Entity Name
SUPERIOR GAS SERVICE, INC.



**FILED
Mar 04, 2008 8:00 am
Secretary of State**

03-04-2008 90014 037 ***150.00

Principal Place of Business
44 S J KELLNER BLVD
BEVERLY HILLS, FL 34465 US

Mailing Address

44 S J KELLNER BLVD
BEVERLY HILLS, FL 34465 US

2. Principal Place of Business - No P.O. Box #
1563 W. Riley Drive
Suite, Apt. #, etc.

3. Mailing Address
1563 W. Riley Drive
Suite, Apt. #, etc.

City & State
Citrus Springs, FL
Zip **34434** Country **U.S.**

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Citrus Springs, FL
Zip **34434** Country **U.S.**

4. FEI Number
26-1146 156

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRISPINO, CHRISTOPHER S
44 S J KELLNER BLVD
BEVERLY HILLS, FL 34465

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

Christopher Crispino

Signature, typed or printed name of registered agent and their applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
NAME CRISPINO, CHRISTOPHER S
STREET ADDRESS 44 S J KELLNER BLVD
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE **T** Delete
NAME CRISPINO, DONALD P
STREET ADDRESS 1834 N GIBSON POINT
CITY-ST-ZIP HERNANDO, FL 34442

TITLE **S** Delete
NAME MONDAY, JOSEPH
STREET ADDRESS 38-S-ADAMS STREET
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** Change Addition
NAME CRISPINO, DONALD P
STREET ADDRESS 1834 N GIBSON POINT
CITY-ST-ZIP HERNANDO, FL 34442

TITLE Change Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Christopher Crispino*

3-3-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher Crispino