2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107370

Entity Name: SUPERIOR GAS SERVICE, INC

FILED Apr 28, 2009 Secretary of State

Entity Name: SUPERIOR GAS SERVICE, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1563 W. RILEY DRIVE CITRUS SPRINGS, FL 34434 US	
Current Mailing Address:	New Mailing Address:
1563 W. RILEY DRIVE CITRUS SPRINGS, FL 34434 US	
FEI Number: 26-1146156 FEI Number Applied For () FEI Number	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CRISPINO, CHRISTOPHER S 44 S J KELLNER BLVD BEVERLY HILLS, FL 34465 US	CRISPINO, CHRISTOPHER S 1563 W RILEY DRIVE CITRUS SPRINGS, FL 34434 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	04/28/2009
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: CRISPINO, CHRISTOPHER S Address: 44 S J KELLNER BLVD City-St-Zip: BEVERLY HILLS, FL 34465 US Title: T () Delete Name: CRISPINO, DONALD P Address: 1834 N GIBSON POINT City-St-Zip: HERNANDO, FL 34442 US	Title: P (X) Change () Addition Name: CRISPINO, CHRISTOPHER S Address: 1563 W RILEY DRIVE City-St-Zip: CITRUS SPRINGS, FL 34434 US Title: () Change () Addition Name: Address: City-St-Zip:
Title: S () Delete Name: CRISPINO, DONALD Address: 1834 N. GIBSON POINT City-St-Zip: HERNANDO, FL 34442	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: CHRISTOPHER CRISPINO P 04/28/2009