2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90021 041 ***150.00

DOCUMENT # P21652

1. Entity Name
SUPERIOR TECHNICAL RESOURCES, INC.

50000534

Principal Place of Business	Mailing Address
250 INTERNATIONAL DR PO BOX 9057 WILLIAMSVILLE, NY 14231 US	250 INTERNATIONAL DR PO BOX 9057 WILLIAMSVILLE, NY 14231 US

DO NOT WRITE IN THIS SPACE

01142007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-0852507
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTON J. STANLEY
1581 ROBERT J. CONLON BLVD NE
SUITE 106
PALM BAY, FL 32905

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	STENCLIK, SCOTT
STREET ADDRESS	298 WOOD ACRES
CITY-ST-ZIP	EAST AMHERST, NY
TITLE	VSD
NAME	STENCLIK, RICHARD
STREET ADDRESS	55 KNOLLWOOD LN
CITY-ST-ZIP	WILLIAMSVILLE, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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.

SIGNATURE: _____ 1-15-07 716-631-8510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #