

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90015 033 ***150.00

DOCUMENT # P21652

1. Entity Name
SUPERIOR TECHNICAL RESOURCES, INC.



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

Mailing Address
250 INTERNATIONAL DR
PO BOX 9057
WILLIAMSVILLE, NY 14231 US

40030146



02102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: Richard Stenclik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

716-631-8310

Daytime Phone #