

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90001 006 ***150.00

DOCUMENT # P93000004340

1. Entity Name
SUPERIOR RETIREMENT CONCEPTS, INC.



Principal Place of Business
**8029 CONGAREE CT. N.
JACKSONVILLE, FL 32211**

Mailing Address
**8029 CONGAREE CT. N.
JACKSONVILLE, FL 32211**

54062095



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3163206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAMNESS, FRANCIS E
8029 CONGAREE CT. N.
JACKSONVILLE, FL 32211**

**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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAMNESS, FRANCIS E
STREET ADDRESS	8029 CONGAREE CT. N.
CITY-ST-ZIP	JACKSONVILLE, FL 32211
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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Francis E. Chamness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 2004
Date Daytime Phone #

904-744-3413

Attachment

54062095

JULY 8, 2004

REFERENCE: P93000004340

2004ANNUAL REPORT/SUPERIOR RETIREMENT CONCEPTS, INC

DEAR SIR:

I MAILED MY ANNUAL REPORT WITH A CHECK TO YOUR OFFICE ON
MARCH 31, 2004. AFTER I RECEIVED YOUR NOTICE, I CONTACTED MY
BANK TO SEE IF THE CHECK HAD CLEARED THE BANK. THE BANK
INFORMED ME THAT MY CHECK HAD NOT BEEN CASHED.

I AM FILING MY ANNUAL REPORT WITH FULL PAYMENT FOR \$ 150.00,

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT (904) 744-3413.

THANK YOU FOR YOUR COOPERATION.

SINCERELY

Francis E. Chamness

FRANCIS CHAMNESS

PRESIDENT, SUPERIOR RETIREMENT CONCEPTS, INC