

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90028 041 \*\*\*150.00

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01242007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P93000004713</b> 1. Entity Name <b>SUPERIOR REFRIGERATION SERVICE, INC.</b>					
Principal Place of Business <b>5920 S.E. AULT AVE. STUART, FL 34997</b>			Mailing Address <b>5920 S.E. AULT AVE. STUART, FL 34997</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>65-0381660</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>ELGER, GREG A 5920 S.E. AULT AVE. STUART, FL 34997</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD ELGER, GREG A 5920 S.E. AULT AVENUE STUART, FL 34997		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP PARKKONEN, BYRON 1901 SW BEEKMAN ST PORT ST LUCIE, FL 34953		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			<input type="checkbox"/> Delete		
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: <u>GREG A. ELGER</u> <b>2-20-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date <b>772-546-7572</b>		