

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014532

Entity Name: SUPERIOR BEDROOMS, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

6886 N. 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6886 N. 9TH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3167879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GITHENS, ELMER DEANE
1343 MAZUREK BLVD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GITHENS, ELMER D
Address: 1343 MAZUREK BLVD
City-St-Zip: PENSACOLA, FL 32514

Title: V () Delete
Name: GITHENS, MICHAEL D
Address: 3599 CREIGHTON ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: V () Delete
Name: RHODEN, ROSEANNA P
Address: 7085 BEN SASSER DR
City-St-Zip: PENSACOLA, FL 32526

Title: V (X) Delete
Name: GOLDSMITH, ROBERT
Address: 3625 WALTHER DR
City-St-Zip: GULFSHORES, AL 36542

Title: V (X) Delete
Name: FERRELL, KIMBERLY
Address: 16462 QUAIL LANE
City-St-Zip: FOLEY, AL 36535

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: RHODEN, ROSEANNA P
Address: 7085 BEN SASSER DR
City-St-Zip: PENSACOLA, FL 32526

Title: V (X) Change () Addition
Name: GOLDSMITH, ROBERT
Address: 3625 WALTHER DR
City-St-Zip: GULFSHORES, AL 32542

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: E D GITHENS

Electronic Signature of Signing Officer or Director

PRES

04/29/2008

Date