2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P94000009555

Entity Name: SUPER-SPLASH, INC.

Current Principal Place of Business:

401 E VIRGINIA ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

401 E VIRGINIA ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3156340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, JOHN R
401 E VIRGINIA ST
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: LEWIS, JOHN R
Address: 401 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete
Name: CANNON, WILLIAM T
Address: 401 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: ARMSTRONG, KATHY
Address: 401 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD (X) Delete
Name: LEWIS, BRADFORD
Address: 911 PINE STREET
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEWIS, BRADFORD R
Address: 401 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPTD (X) Change ( ) Addition
Name: LEWIS, JOHN R
Address: 401 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPSD (X) Change ( ) Addition
Name: ARMSTRONG, KATHLEEN J
Address: 401 E. VIRGINIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN J ARMSTRONG VPSD 03/10/2005
Electronic Signature of Signing Officer or Director Date