


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90028 011 \*\*\*150.00

<b>DOCUMENT # P95000048267</b>			
1. Entity Name <b>SUPERIOR CONSTRUCTION, INC.</b>			
Principal Place of Business <b>3242 HWY 17 SOUTH GREEN COVE SPRINGS FL 32043</b>		Mailing Address <b>3242 HWY 17 SOUTH GREEN COVE SPRINGS FL 32043</b>	
2. Principal Place of Business <b>1524 VIRGILS WAY</b> Suite, Apt. #, etc. <b>UNIT #2</b> City & State <b>GREEN COVE SPRINGS, FL</b> Zip <b>32043</b> Country <b>USA</b>		3. Mailing Address <b>1524 VIRGILS WAY</b> Suite, Apt. #, etc. <b>UNIT #2</b> City & State <b>GREEN COVE SPRINGS, FL</b> Zip <b>32043</b> Country <b>USA</b>	



MOORE CR2E034 (11/03)

4. FEI Number <b>59-3320655</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GOWIN, RICHARD E 1594 RIVERS RD. GREEN COVE SPRINGS FL 32-043g</b>		7. Name and Address of New Registered Agent Name <b>RICHARD E. GOWIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3388 GATOR BAY ROAD</b> City <b>GREEN COVE SPRINGS</b> FL Zip Code <b>32043</b>	
--	--	---	--

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  **RICHARD E. GOWIN** PRES DATE **4-14-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOWIN, RICHARD E RT 1 BOX 6795 PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD E. GOWIN 3388 GATOR BAY ROAD GREEN COVE SPRINGS, FL 32043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Richard E. Gowin** DATE **4-14-04** DAYTIME PHONE # **904-284-7995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR