2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000085344

1. Entity Name
SUPERIOR SUPPORT SERVICES, INC.

Principal Place of Business	Mailing Address
18761 N.W. 5TH STREET PEMBROKE PINES, FL 33029	18761 N.W. 5TH STREET PEMBROKE PINES, FL 33029

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

03222003 Chg-P CR2E034 (10/03)

4. FEI Number 65-0640690 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINGS, LLOYD ST. P
18761 N.W. 5TH STREET
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City FL 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 ______

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MULLINGS, LLOYD	
STREET ADDRESS	18761 N.W. 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000162287
06/07/04-80007-011 150.00

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: Lloyd St. P. Mullings 06/02/04 (305) 651-8344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #