

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057246

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** SUPER FLEA FOOD SERVICES, INC.

**Current Principal Place of Business:**

4121 NW 44TH AVE  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3656  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-3454497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, III, R. RAY  
4121 NW 44TH AVENUE  
OCALA, FL 34482 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:** STD  
**Name:** GREENE, C. R III  
**Address:** P O BOX 1956  
**City-St-Zip:** Ocala, FL 34478

**Title:** PD  
**Name:** SEYLER, EDWARD K  
**Address:** P O BOX 3656  
**City-St-Zip:** Ocala, FL 34478

**Title:** VPD  
**Name:** PAULEY, GARY  
**Address:** P O BOX 3656  
**City-St-Zip:** Ocala, FL 34478

**Title:** AST  
**Name:** GREENE, SUE  
**Address:** P O BOX 1956  
**City-St-Zip:** Ocala, FL 34478

I hereby 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 all other like empowered.

**SIGNATURE:** C. RAY GREENE, III

STD

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date