

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90040 043 \*\*\*150.00

**DOCUMENT # P97000065555**

1. Entity Name  
**SUPERIOR MAINTENANCE SERVICES, INC.**



Principal Place of Business  
**5452 N PINE HILLS ROAD  
ORLANDO, FL 32808**

Mailing Address  
**5452 N PINE HILLS ROAD  
ORLANDO, FL 32808**

**40052232**



2. Principal Place of Business - No P.O. Box #  
**6346 All American Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 162252**  
Suite, Apt. #, etc.

03182007 Chg-P CR2E034 (12/06)

City & State  
**Orlando FL**  
Zip  
**32810**  
Country

City & State  
**Alt. Springs FL**  
Zip  
**32716-2252**  
Country

4. FEI Number  
**59-3460860**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CANNIZZARO, JOSEPH  
9476 SOUTHERN GAILLEN CIR  
ALTAMONTE SPRINGS, FL 32714**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CANNIZZARO, JOSEPH M  
9476 SOUTHERN GARDEN CIR  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CANNIZZARO, DANIELLE  
9476 SOUTHERN GARDEN CIR  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph Cannizzaro **Joseph Cannizzaro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/4/07 407-408-5086**