

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000103709**

**1. Entity Name**  
**SUPERIOR CHARTER BUS INC**



**Principal Place of Business**  
3923 LAKE WORTH ROAD  
SUITE # 111  
LAKE WORTH, FL 33461 US

**Mailing Address**  
3923 LAKE WORTH ROAD  
SUITE #111  
LAKE WORTH, FL 33461 US

**DO NOT WRITE IN THIS SPACE**



06082004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0800267	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

KYYRO, KIMMO  
8044 STIRRUP CAY CT  
BOYNTON BEACH, FL 33436

**DO NOT WRITE  
IN THIS SPACE**

**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 \$550.00  
Due by September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

1100000162526

06/14/04-80002-007 550.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	KYYRO, KIMMO
<b>STREET ADDRESS</b>	8044 STIRRUP CAY CT
<b>CITY - ST - ZIP</b>	BOYNTON BEACH, FL 33436
<b>TITLE</b>	V
<b>NAME</b>	LEHTO, TIMO-PEKKA
<b>STREET ADDRESS</b>	6898 PERDIDO BAY TERRACE
<b>CITY - ST - ZIP</b>	LAKE WORTH, FL 33463
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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IN THIS SPACE**

**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:**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMMO KYYRO

6-9-04

Date

561-662-0189

Daytime Phone #