

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90002 040 ***150.00

DOCUMENT # P98000010985			
1. Entity Name SUPERIOR FINANCE CORPORATION OF AMERICA, INC.			
Principal Place of Business 618 WASHBURN ROAD MELBOURNE FL 32934		Mailing Address 618 WASHBURN ROAD MELBOURNE FL 32934	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



J4U0J701



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent LACINA, KATHY P 618 WASHBURN ROAD MELBOURNE, FL 32934				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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: KATHY P. LACINA
Kathy Pihlaja Lacina, Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: July 12, 2004

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACINA, KATHY P	NAME	
STREET ADDRESS	618 WASHBURN ROAD	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: KATHY P. LACINA
Kathy Pihlaja Lacina, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: July 12, 2004 NONE
Date Daytime Phone #

Attachment

54063761

#P98000010985

July 12, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: SUPERIOR FINANCE CORPORATION OF AMERICA, INC.

Enclosed is a check for \$150 for the annual filing fee for the above referenced corporation.

I did not receive a 2004 1st notice of filing an annual report. After contacting the Florida Dept. of State, I was told to write you a letter explaining the reason no report was filed and ask that you waive the late filing fee.

Thank you for your assistance in this matter.

Sincerely,

Kathy Pihlaja Lacina, Pres.

Kathy Pihlaja Lacina