


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**

J4U0J701



MOORE CR2E034 (4/04)

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **NO-T APPLICABLE**

Applied For: Not Applicable

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

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

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 Pihlaja Lacina, Pres.* **KATHY PIHLAJA LACINA**
Kathy Pihlaja Lacina, Pres. **July 12, 2004**
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
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

TITLE	D <input type="checkbox"/> Delete
NAME	LACINA, KATHY P
STREET ADDRESS	618 WASHBURN ROAD
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Pihlaja Lacina, Pres.* **KATHY PIHLAJA LACINA**
Kathy Pihlaja Lacina, Pres. **July 12, 2004** NONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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