

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90105 013 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

~~LACINA, KATHY AHLAJA~~ PIHLAJA-LACINA  
618 WASHBURN ROAD  
MELBOURNE FL 32934

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  
Kathy Pihlaja-Lacina, Pres.

(NOTE: Registered Agent signature required when reinstating)

1/30/07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
LACINA, KATHY P  
618 WASHBURN ROAD  
MELBOURNE FL 32934 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KATHY PIHLAJA-LACINA  
Kathy Pihlaja-Lacina, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 (321) 757-8678

Date

Daytime Phone #