

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072967

Entity Name: SUPERSAVERS, INC.

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

4713 LAKE TRUDY DR.
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

4713 LAKE TRUDY DR.
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3527805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAIDE, MARGARETTE F.
4713 LAKE TRUDY DR.
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAIDE, MARGARETTE F
Address: 4713 LAKE TRUDY DR.
City-St-Zip: ST. CLOUD, FL 34769

Title: ST () Delete
Name: WAIDE, MARGARETTE F
Address: 4713 LAKE TRUDY DR
City-St-Zip: SAINT CLOUD, FL 34769

Title: AT () Delete
Name: WAIDE, DEBORAH D
Address: 1514 INDIANA AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WAIDE, WILLIAM F
Address: 4713 LAKE TRUDY DR
City-St-Zip: SAINT CLOUD, FL 34769

Title: T (X) Change () Addition
Name: WAIDE, WILLIAM F
Address: 4713 LAKE TRUDY DR
City-St-Zip: SAINT CLOUD, FL 34769

Title: S () Change (X) Addition
Name: WAIDE, MARGARETTE F
Address: 4713 LAKE TRUDY DR
City-St-Zip: SAINT CLOUD, FL 34769

Title: AT () Change (X) Addition
Name: RICHMOND, LUCILLE A
Address: 1228 BETH LANE
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARETTE F. WAIDE

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04/09/2004

Electronic Signature of Signing Officer or Director

Date