

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074706

FILED
Jan 10, 2005
Secretary of State

Entity Name: SUPERIOR DESIGNS OF PORT ORANGE, INC.

Current Principal Place of Business:

5889 AIRPORT RD/BLDG 13, #1331
PORT ORANGE, FL 32128

New Principal Place of Business:

5889 S. WILLIAMSON BLVD.
SUITE #1331
PORT ORANGE, FL 32128

Current Mailing Address:

5889 AIRPORT RD/BLDG 13, #1331
PORT ORANGE, FL 32128

New Mailing Address:

5889 S. WILLIAMSON BLVD.
SUITE #1331
PORT ORANGE, FL 32128

FEI Number: 59-3532364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILL, ERIC V
4393 RIDGEWOOD AVENUE SUITE 1
PORT ORANGE, FL 32127 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: P () Delete
Name: DUBOIS, WAYNE T
Address: 5889 AIRPORT RD/ BLDG 13, #1331
City-St-Zip: PORT ORANGE, FL 32128

Title: ST () Delete
Name: DUBOIS, CONNIE L
Address: 5889 AIRPORT RD/BLDG 13, #1331
City-St-Zip: PORT ORANGE, FL 32128

Title: V () Delete
Name: DUBOIS, KEVIN J
Address: 5889 AIRPORT RD/BLDG 13 #1331
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUBOIS, WAYNE T
Address: 5889 S. WILLIAMSON BLVD., SUITE #1331
City-St-Zip: PORT ORANGE, FL 32128

Title: ST (X) Change () Addition
Name: DUBOIS, CONNIE L
Address: 5889 S. WILLIAMSON BLVD., SUITE #1331
City-St-Zip: PORT ORANGE, FL 32128

Title: V (X) Change () Addition
Name: DUBOIS, KEVIN J
Address: 5889 S. WILLIAMSON BLVD., SUITE #1331
City-St-Zip: PORT ORANGE, FL 32128

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: CONNIE L. DUBOIS

ST

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date