

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-29-2004 90256 049 ***150.00

DOCUMENT # P99000033544					
1. Entity Name SUPERIOR SHOTCRETE, INC.					
Principal Place of Business 6508 SENEGAL PALM WAY APOLLO BEACH, FL 33572			Mailing Address 3555 BEARSS AVE TAMPA, FL 33618		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03292004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3570806				☐ 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	
SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618				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: <u>Walter Sanders</u> <u>Walter Sanders</u> 04/14/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MCGEE, JAMES H		NAME		
STREET ADDRESS	6508 SENEGAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
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TITLE	☐ Delete		TITLE	☐ Change ☐ 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)(f), 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 other attachment with an address, with all other like empowered.					
SIGNATURE: <u>Hamilton Mc Gee</u> <u>William Mc Gee</u> 6/7/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					