

**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P99000090820

1. Entity Name  
SUPERIOR SPECIALTY COMPANY, INC.



Principal Place of Business  
11001 OLD ST AUGUSTINE RD  
#314  
JACKSONVILLE, FL 32257 US

Mailing Address  
11001 OLD ST AUGUSTINE RD  
#314  
JACKSONVILLE, FL 32257 US

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Zip

Country  
Country

06242004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3601568

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLYNN, RICHARD A  
11001 OLD ST AUGUSTINE RD  
#314  
JACKSONVILLE, FL 32257

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FLYNN, RICHARD A 11001 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TERRANCE M. Dwyer 7507 BEACH BLVD # 2508 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3000039084953 07/14/04-01007-013 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard Flynn* RICHARD FLYNN - Pres 6/29/04 904-813-3724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #