


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90252 009 ***158.75

2005 FOR PROFIT CORPORATION
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 10702 HOOD RD S. SW Suite 7		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32257 Country US		Zip Country	
4. FEI Number 59-3601568		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FLYNN, RICHARD A 11001 OLD ST AUGUSTINE RD #314 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent 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>RICHARD FLYNN - PRES</u> <u><i>Richard Flynn</i></u> <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S DWYER, TERRANCE M 7507 BEACH BLVD #2508 JACKSONVILLE, FL 32216 <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
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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: <u><i>Richard Flynn</i></u> <u>RICHARD FLYNN</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/10/05</u> <u>904-813-3724</u> <small>Date Daytime Phone #</small>	

ATTACHMENT
Superior Specialty Company, Inc.
11001 Old St Augustine Rd # 314
Jacksonville, FL 32257

Phone 904-813-3724
Fax 904-288-0379

20044726
#P99 000890820

April 21, 2005

Florida Deptment of State
Division Of Corporations
P O Box 6198
Tallahassee, Florida 32314-6198

To Whom It May Concern:

I am sending a copy of the 2005 Annual Report that I had already sent with a check on March 10, 2005.

You will find another check enclosed to replace the one that was evidently lost.
Please contact me if there are any additional problems.

Sincerely,



Richard Flynn