

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90050 018 \*\*\*150.00

**DOCUMENT # V23453**

1. Entity Name

SUPERIOR BUSINESS SOFTWARE, INC.



Principal Place of Business

1248 FLORIDA AVE  
PALM HARBOR FL 34683

Mailing Address

1248 FLORIDA AVE  
PALM HARBOR FL 34683

2. Principal Place of Business

P.O. Box 1937

3. Mailing Address

P.O. Box 1937

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS FL

4. FEI Number

59-3108522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIEGL, JOHN L  
1248 FLORIDA AVE.  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

LARRY MAHORNEY

Street Address (P.O. Box Number is Not Acceptable)

2365 N. HIGHLAND AVE

City

TARPON SPRINGS

FL

Zip Code

34688

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]* PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

2/27/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME MAHORNEY, LARRY  
STREET ADDRESS 1248 FLORIDA AVE.  
CITY-ST-ZIP PALM HARBOR FL

TITLE VP ☒ Delete

NAME RIEGLER, JOHN L III  
STREET ADDRESS 1248 FLORIDA AVE.  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 2365 N. HIGHLAND AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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)(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:

*[Signature]* LARRY MAHORNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

727 7868300

Daytime Phone #