

ANNUAL REPORT (AR)

DOCUMENT # V23453

1. Entity Name

SUPERIOR BUSINESS SOFTWARE, INC.



FILED
Apr 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

PO BOX 1937
TARPON SPRINGS FL 34688

Mailing Address

PO BOX 1937
TARPON SPRINGS FL 34688



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3108522

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAHORNEY, LARRY
2365 N. HIGHLAND AVE
TARPON SPRINGS FL 34688

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME MAHORNEY, LARRY ☐ Delete
STREET ADDRESS 2365 N. HIGHLAND AVE.
CITY-STATE-ZIP TARPON SPRINGS FL 34688

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000702831
CITY-STATE-ZIP 04/20/07-80115-012 150.00

TITLE
NAME VP ☐ Delete
STREET ADDRESS RIEGER, JOHN L III
CITY-STATE-ZIP 1248 FLORIDA AVE.
PALM HARBOR FL

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
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CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Larry Mahorney LARRY MAHORNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 727 7868300

Date

Daytime Phone #