2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 03, 2005 08:00 AM Secretary of State DOCUMENT # V46726 1. Entity Name SUPERIOR SERVICE MANAGEMENT, INC. Principal Place of Business Mailing Address 20190 OCEAN KEY DR BOCA RATON FL 33498 US 20190 OCEAN KEY DR BOCA RATON FL 33498 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FE! Number 65-0342899 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOPKINSON, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 20190 OCEAN KEY DR **BOCA RATON FL 33498** 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, typed or printed name of registered agent and tille if applicable INOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition U00000249566 HOPKINSON, PATRICIA NAME NAME 03/03/05-80007-021 150.00 20190 OCEAN KEY DR STREET ADDRESS STREFT ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE Change Addition 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)(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.