

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J04605

Entity Name: SUPERIOR ASSETS IV, INC.**Current Principal Place of Business:**525 S LAKE DESTINY DR
ORLANDO, FL 32810**Current Mailing Address:**23312 ZACHARY CT
PORTERVILLE, CA 93257 US**FEI Number:** 59-2650393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE
SUITE 1500
ORLANDO, FL 32803 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	IVANCOVICH, JOYCE H
Address	23312 ZACHARY CT
City-State-Zip:	PORTERVILLE CA 93257

Title	VP
Name	IVANCOVICH, KELLEY
Address	23312 ZACHARY CT
City-State-Zip:	PORTERVILLE CA 93257

Title	S/T
Name	DAYBELL, CAROLYN R
Address	33498 SUCCESS VALLEY DR
City-State-Zip:	PORTERVILLE CA 93257

Title	DIR
Name	IVANCOVICH, KELLEY D
Address	23312 ZACHARY CT
City-State-Zip:	PORTERVILLE CA 93257

Title	DIR
Name	IVANCOVICH, JOYCE H
Address	23312 ZACHARY CT
City-State-Zip:	PORTERVILLE CA 93257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN R DAYBELL

S/T

04/04/2014

Electronic Signature of Signing Officer/Director Detail_____
Date