

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000010750

**Entity Name:** SUPERIOR APPRAISAL MANAGEMENT SERVICES, INC

**Current Principal Place of Business:**

637 TRAILWOOD DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 875  
SANFORD, FL 32772

**FEI Number:** 27-1834787

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

OWENS, SAMUEL DIII  
637 TRAILWOOD DRIVE  
ALTAMONTE SPRINGS, FL 32714 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 P  
Name OWENS, SAMUEL DIII  
Address PO BOX 875  
City-State-Zip: SANFORD FL 32772

*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:** SAMUEL D OWENS III

**PRESIDENT**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date