

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000064662

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** SUPERIOR WATER TREATMENT, INC.

**Current Principal Place of Business:**

10475 MONTICELLO DR  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 378  
PLACIDA, FL 33946 US

**New Mailing Address:**

**FEI Number:** 20-2782233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORBRIDGE, C KELLY  
240 NOKOMIS AVE S STE 200  
VENICE, FL 34285 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: BURKE, TIMOTHY P  
Address: 10475 MONTICELLO DR  
City-St-Zip: PORT CHARLOTTE, FL 33981 US

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: TIMOTHY P BURKE

DPT

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date