

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J83596

**Entity Name:** SUPERIOR SWIM SYSTEMS, INC.

**Current Principal Place of Business:**

5860 BUR OAKS LANE  
NAPLES, FL 34119

**Current Mailing Address:**

2430 VANDERBILT BEACH ROAD  
SUITE 108-186  
NAPLES, FL 34109 US

**FEI Number:** 59-2825313

**Certificate of Status Desired:** No

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

PAULICH, JOHN, III  
801 ANCHOR RODE DRIVE  
NAPLES, FL 34103 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	VP	Title	CEO, SECRETARY/TREASURER
Name	KOENIG, MICHAEL	Name	KOENIG, DONNA
Address	5860 BUR OAKS LANE	Address	5860 BUR OAKS LANE
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119

Title            PRES  
Name            KOENIG, MICHAEL  
Address        5860 BUR OAKS LANE  
City-State-Zip: NAPLES FL 34119

*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:** DONNA J. KOENIG

CEO, SECT, TRES

03/01/2015

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

Date