

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 519718**

1. Entity Name  
**SUPERIOR WATER CONDITIONING, INC.**



Principal Place of Business  
**16402 N. FLORIDA AVENUE  
LUTZ, FL 33549**

Mailing Address  
**16402 N. FLORIDA AVENUE  
LUTZ, FL 33549**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1703645**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BROWNELL, WILLIAM J  
16402 N. FLORIDA AVENUE  
LUTZ, FL 33549**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWNELL, W J 8919 DONNA LU DR ODESSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LANCE, MONNIE H 8919 DONNA LU DR ODESSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BROWNELL, WILLIAM J 8919 DONNA LU DR ODESSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BROWNELL, ALYSSA L 8919 DONNA LU DR ODESSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/17/07-80097-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**

*Monnie Lance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Monnie Lance* 1/09/07 813-961-1051  
Date Daytime Phone #