

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002213

FILED
Jan 26, 2006
Secretary of State

Entity Name: SUPERIOR WATER SERVICES INC.

Current Principal Place of Business:

4509 PINE STREET
SMYRNA, GA 30080

New Principal Place of Business:

834 WEST ATLANTA STREET
MARIETTA, GA 30060

Current Mailing Address:

P.O. BOX 1162
SMYRNA, GA 30081

New Mailing Address:

FEI Number: 58-1475094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GSEGNER, ROBERT J
178 S CANAL STREET
PORT ST JOE, FL 32456 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: GSEGNER, ROBERT J
Address: 4509 PINE STREET
City-St-Zip: SMYRNA, GA 30080

Title: VCVP () Delete
Name: MAIDEN, JOHN P
Address: 4509 PINE STREET
City-St-Zip: SMYRNA, GA 30080

Title: DST (X) Delete
Name: HOLLINGSWORTH, BARBARA D
Address: 4509 PINE STREET
City-St-Zip: SMYRNA, GA 30080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: GSEGNER, ROBERT J
Address: 834 WEST ATLANTA STREET
City-St-Zip: MARIETTA, GA 30060

Title: VCVP (X) Change () Addition
Name: MAIDEN, JOHN P
Address: 834 WEST ATLANTA STREET
City-St-Zip: MARIETTA, GA 30060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT J GSEGNER

CP

01/26/2006

Electronic Signature of Signing Officer or Director

Date