
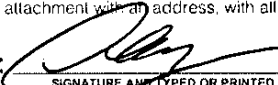


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 019 ***158.75

DOCUMENT # H72825 1. Entity Name SUPERIOR WATER WORKS, INC.					
Principal Place of Business 917 W SOUTH PARK ST OKEECHOBEE, FL 34972			Mailing Address 917 W SOUTH PARK ST OKEECHOBEE, FL 34972		
2. Principal Place of Business - No P.O. Box # 4072 HWY 441 N		3. Mailing Address 4072 HWY 441 N			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Okeechobee, Florida		City & State Okeechobee, Florida		4. FEI Number 59-2570888	
Zip 34972		Country us		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34972		Country US		6. Name and Address of Current Registered Agent MAXWELL, DEVIN R. ESQ. 405 NW 3RD STREET OKEECHOBEE, FL 34972	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		State FL			
Zip Code 		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME ENFINGER, DANIEL M.		TITLE PD	NAME Enfinger, Daniel M	
STREET ADDRESS 917 W SOUTH PARK ST	CITY-ST-ZIP OKEECHOBEE, FL 34972		STREET ADDRESS 1535 SW 67th Drive	CITY-ST-ZIP Okeechobee, FL 34974	
TITLE STD	NAME ENFINGER, CINDY L.		TITLE STD	NAME Enfinger, Cindy L.	
STREET ADDRESS 1535 SW 67 DRIVE	CITY-ST-ZIP OKEECHOBEE, FL 34974		STREET ADDRESS 1535 SW 67th Drive	CITY-ST-ZIP Okeechobee, FL 34974	
TITLE 	NAME 		TITLE VPD	NAME McCullers, Billy J. JR	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2935 NW 47th Avenue	CITY-ST-ZIP Okeechobee, Florida 34972	
TITLE 	NAME 		TITLE D	NAME McCullers, Cynthia E.	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2935 NW 47th Avenue	CITY-ST-ZIP Okeechobee, Florida 34972	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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:  DANIEL M. ENFINGER 4/22/08 863-634-7622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					