

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83596

FILED
Jan 07, 2005
Secretary of State

Entity Name: SUPERIOR SWIM SYSTEMS, INC.

Current Principal Place of Business:

2220 J & C BLVD., #9
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2220 J & C BLVD., #9
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-2825313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULICH, JOHN, III
801 ANCHOR RODE DRIVE
NAPLES, FL 34103 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: PSTD () Delete
Name: WILLIAMSON, BONNIE
Address: 5867 CHARLTON WAY
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: KOENIG, DONNA
Address: 5860 12TH AVE. NW
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: KOENIG, MICHAEL
Address: 5860 12TH AVE. NW
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KOENIG, DONNA
Address: 5860 BUR OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change () Addition
Name: KOENIG, MICHAEL
Address: 5860 BUR OAKS LANE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BONNIE WILLIAMSON

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date