


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # K04387
1. Entity Name
SUPERIOR AQUA ENTERPRISES, INC.



Principal Place of Business Mailing Address
6119 A CLARK CENTER AVENUE **6119 A CLARK CENTER AVENUE**
SARASOTA, FL 34238 US **SARASOTA, FL 34238 US**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0013544 Not Applicable

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

6. Name and Address of Current Registered Agent
MUHA, JAMES
6119 A CLARK CENTER AVENUE
SARASOTA, FL 34238

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P MUHA, JAMES 5050 ROBINSO RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANHARDT, JOHN 586 ROYAL POWNCIANA PUNTA GORDA, FL 33955
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05/03/06-80054-017 150.00

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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 at 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 persons empowered.

SIGNATURE: James Muha **James Muha** 4-19-06 941 923 2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #