

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000053957

1. Entity Name
SUPERIOR SITE DEVELOPMENT, INC.



Principal Place of Business
**3035 ANDERSON SNOW RD.
BROOKSVILLE, FL 34609**

Mailing Address
**3035 ANDERSON SNOW RD.
BROOKSVILLE, FL 34609**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1114581

Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

**RUSHNELL, DERRICK S
3035 ANDERSON SNOW RD.
BROOKSVILLE, FL 34609**

**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

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

(NOTE: Registered Agent signature required when resigning)

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	PSD
NAME	RUSHNELL, DERRICK S
STREET ADDRESS	3035 ANDERSON SNOW RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	VT
NAME	RUSHNELL, SANDRA J
STREET ADDRESS	3035 ANDERSON SNOW RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	V
NAME	SELTZER, ROBERT W
STREET ADDRESS	3035 ANDERSON SNOW RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	V
NAME	KIEFNER, JAMES P
STREET ADDRESS	3035 ANDERSON SNOW RD.
CITY-ST-ZIP	BROOKSVILLE, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the extensions 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 637, 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 listed employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

352-796-0906

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Daytime Phone 2