

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064662

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** SUPERIOR PUMP AND WATER TREATMENT, INC.

**Current Principal Place of Business:**

240 NOKOMIS AVE S STE 200  
VENICE, FL 34285

**New Principal Place of Business:**

2061 NANTUCKET TERRACE  
NORTH PORT, FL 34286

**Current Mailing Address:**

240 NOKOMIS AVE S STE 200  
VENICE, FL 34285

**New Mailing Address:**

2061 NANTUCKET TERRACE  
NORTH PORT, FL 34286

**FEI Number:** 20-2782233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORBRIDGE, C KELLY  
240 NOKOMIS AVE S STE 200  
VENICE, FL 34285 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: D ( ) Delete  
Name: BURKE, TIMOTHY P  
Address: 2061 NANTUCKET TERR  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: INGEGNERE, PAUL  
Address: 115 HANNAH ST  
City-St-Zip: PT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: BURKE, TIMOTHY P  
Address: 2061 NANTUCKET TERR  
City-St-Zip: NORTH PORT, FL 34286

Title: DVPS (X) Change ( ) Addition  
Name: INGEGNERE, PAUL  
Address: 115 HANNAH ST  
City-St-Zip: PT CHARLOTTE, FL 33954

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: TIMOTHY P. BURKE

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04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date