

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124720

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: SUPERIOR WASTE SOLUTIONS, INC.

## Current Principal Place of Business:

11309 W. RIVERHAVEN DRIVE  
HOMOSASSA, FL 34448

## New Principal Place of Business:

5219 S STEVENS DR  
HOMOSASSA, FL 34487

## Current Mailing Address:

11309 W. RIVERHAVEN DRIVE  
HOMOSASSA, FL 34448

## New Mailing Address:

P O BOX 548  
HOMOSASSA, FL 34487

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, MICHAEL D  
11309 W. RIVERHAVEN DRIVE  
HOMOSASSA, FL 34448 US

## Name and Address of New Registered Agent:

MOORE, MICHAEL D  
5219 S STEVENS DR  
P. O. BOX 548  
HOMOSASSA, FL 34487 US

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: MICHAEL D. MOORE

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOORE, MICHAEL D  
Address: 11309 W. RIVERHAVEN DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

Title: D ( ) Delete  
Name: WESCOM, EARL  
Address: 310 RUBY LAKE LANE  
City-St-Zip: WINTERHAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MOORE, MICHAEL D  
Address: 5219 S STEVENS DR. P O BOX 548  
City-St-Zip: HOMOSASSA, FL 34487

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

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: MICHAEL D. MOORE

D

04/17/2007

Electronic Signature of Signing Officer or Director

Date