

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 27, 2006 8:00 am
Secretary of State

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01182006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000093025 1. Entity Name SUPERIOR SEWER AND SEPTIC, INC.			
Principal Place of Business P O BOX 5068 HWY 189 BAKER, FL 32531 US		Mailing Address P.O. BOX 204 HOLT, FL 32564	
2. Principal Place of Business 5068 Hwy 189 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 204 Suite, Apt. #, etc.	
City & State Baker FLA. Zip 32531 Country		City & State Holt FLA. Zip 32564 Country	
4. FEI Number 59-3289239		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM, GRADY 1279 KINGSLEY AVE. ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETT, WILLIAM H 5068 HWY 189 BAKER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arnett-William 5068 Hwy 189 Baker FL. 32531 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or 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 like empowered.			
SIGNATURE: William Arnett, William Arnett, Dir. 01-23-06 (800) 794-9232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			