


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90035 049 ***150.00

DOCUMENT # P94000093025 1. Entity Name SUPERIOR SEWER AND SEPTIC, INC.																													
Principal Place of Business 5068 HWY 189 BAKER, FL 32531 US			Mailing Address P.O. BOX 204 HOLT, FL 32564																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			City & State Zip 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 WILLIAM ARNETT Street Address (P.O. Box Number is Not Acceptable) 5068 HIGHWAY 189 City BAKER FL Zip Code 32531																										
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 <u>WILLIAM ARNETT, DIR.</u> <u>William Arnett 01-22-07</u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAM, ARNETT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5068 HWY 189</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BAKER, FL 32531</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	WILLIAM, ARNETT		STREET ADDRESS	5068 HWY 189		CITY-ST-ZIP	BAKER, FL 32531		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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: <u>William Arnett</u> <u>WILLIAM ARNETT, DIR.</u> <u>01-22-07</u> <u>(850)537-9833</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													