

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000064662

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

**Current Principal Place of Business:**

2504 HOBBLEBRUSH DR  
NORTH PORT, FL 34289

**Current Mailing Address:**

PO BOX 8219  
NORTH PORT, FL 34290 US

**FEI Number:** 20-2782233

**Certificate of Status Desired:** No

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

CORBRIDGE, C KELLY  
240 NOKOMIS AVE S STE 200  
VENICE, FL 34285 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPT  
Name BURKE, TIMOTHY P  
Address 2504 HOBBLEBRUSH DR  
City-State-Zip: NORTH PORT FL 34289

*I hereby 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 all other like empowered.*

**SIGNATURE:** TIMOTHY P BURKE

DPT

04/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date