

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000064050

Entity Name: ATZ IRRIGATION, INC.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

1911 OAKMONT AVE, UNIT 13
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

1911 OAKMONT AVE
UNIT 13
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

2391 INDIAN TRAIL E
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 59-3265685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZULLO, ELIZABETH K
2391 INDIAN TRAIL EAST
PALM HARBOR, FL 34683 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: PTS () Delete
Name: ZULLO, ELIZABETH K
Address: 2391 INDIAN TRAIL EAST
City-St-Zip: PALM HARBOR, FL 34683

Title: V () Delete
Name: ZULLO, THOMAS A
Address: 2391 INDIAN TRAIL EAST
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ELIZABETH ZULLO

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04/03/2006

Electronic Signature of Signing Officer or Director

_____ Date