


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 790885 1. Entity Name FLORIDA MAID DRAINAGE AND IRRIGATION ASSOCIATION						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">2006 JUN 19 PM 1:02</div> <div style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2627 S. JENKINS ROAD FORT PIERCE, FL 34981 US				Mailing Address 2627 S JENKINS RD FORT PIERCE, FL 34981 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 23-7152929				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CUSSON, JEFFREY L 736 36TH AVE. VERO BEACH, FL 32968				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>							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSSON, JEFFREY L. 736 36TH AVE VERO BEACH, FL 32968			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600076634656 06/27/06--01028--010 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BEASLEY, WALTER G 2627 S. JENKINS ROAD FORT PIERCE, FL 34981			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORLAND, RICHARD 2627 S. JENKINS ROAD FORT PIERCE, FL 34981			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGGER, GERALD 2627 S. JENKINS ROAD FORT PIERCE, FL 34981			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, CURT 27200 N.E. 40TH AVE. OKEECHOBEE, FL 34972			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		
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 617, 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>W G Beasley</u> W G Beasley Treasurer 6-14-06 (772) 595-3111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							