

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43648

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** ADVANCED IRRIGATION AND WELL COMPANY

**Current Principal Place of Business:**

8338 HAVERHILL STREET (32211)  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 11960  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

**FEI Number:** 59-2750613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNETT, WILSON W V PRES.  
8338 HAVERHILL ST.  
JACKSONVILLE, FL 322115174 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:** VP  
**Name:** ARNETT, WILSON W  
**Address:** 8338 HAVERHILL ST.  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** P  
**Name:** ARNETT, ELAINE A PRES  
**Address:** 8338 HAVERHILL ST.  
**City-St-Zip:** JACKSONVILLE, FL 32211 US

**Title:** T  
**Name:** WILLIAMS, ALLYSON A TRES.  
**Address:** 8338 HAVERHILL ST.  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** S  
**Name:** ARNETT-PERRY, HOLLEY  
**Address:** 8338 HAVERHILL ST  
**City-St-Zip:** JACKSONVILLE, FL 32211

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:** WILSON W ARNETT

VP

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date