## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 06, 2006 08:00 AM DOCUMENT # J50408 **Secretary of State** 1. Entity Name PARIS IRRIGATION, INC. Mailing Address Principal Place of Business 4970 BRIDGEWATER CIR **4970 BRIDGEWATER CIR** JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 04012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2747797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE PARIS, DAVID R. 5864 PHILLIPS HWY JACKSONVILLE, FL 32216 IN THIS SPACE 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PS NAME PARIS, DAVID R. U00000493942 STREET ADDRESS 4970 BRIDGEWATER CIR 04/20/06-80026-010 150.00 JACKSONVILLE, FL 32207 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S7-ZIP

I hereby certify that the information supplied with this filling 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 of direction 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 chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

David Paris

4-5-06

FILED