

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L18236

FILED
Dec 08, 2006
Secretary of State

Entity Name: AMERICAN IRRIGATION OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

PO BOX 557
FELLSMERE, FL 329480557

New Principal Place of Business:

14850 107TH STREET
FELLSMERE, FL 32948

Current Mailing Address:

P.O. BOX 557
FELLSMERE, FL 329480557

New Mailing Address:

PO BOX 557
FELLSMERE, FL 32948

FEI Number: 65-0147440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WM S FRATES II PA
830 AZALEA LN
VERO BEACH, FL 32963 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIFORD, MARK J
Address: PO BOX 557
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: BOYER, KEVIN
Address: PO BOX 557
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEDFORD, MARK J
Address: PO BOX 557
City-St-Zip: FELLSMERE, FL 32948

Title: S (X) Change () Addition
Name: LEDFORD, KAREN W
Address: PO BOX 557
City-St-Zip: FELLSMERE, FL 32948

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: KAREN W LEDFORD

SEC

12/08/2006

Electronic Signature of Signing Officer or Director

Date