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# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUL 21 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13131

1. Entity Name
MAINLANDS SECTION 6 IRRIGATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4920 N.W. 51ST COURT<br>TAMARAC, FL 33319 US | 4920 N.W. 51ST COURT<br>TAMARAC, FL 33319 US |

04012008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2620503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Rinard
~~RINARD~~, LESLIE
5310 NW 49 AVE
TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name "SAME" RINARD (correct spelling)

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 accep the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 | PD<br>RINARD, LESLIE<br>5310 NW 49 AVENUE<br>TAMARAC, FL 33319 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>03/28/08 01029 002 $70.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ARCE, ELIEZER<br>5401 NW 49 AVE.<br>TAMARAC, FL 33319 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ZANGMEISTER, FRED<br>5311 N.W. 49 TERRACE<br>TAMARAC, FL 33319 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>McCarthy George<br>4811 NW 49 Road<br>TAMARAC FL 33319 U.S.<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MINERMAN, ADA LOU<br>4920 NW 49 ROAD<br>TAMARAC, FL 33319 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FND<br>STAPLETON, EDMUND<br>4928 NW 55 STREET<br>TAMARAC, FL 33319 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCARTHY, GEORGE<br>4811 NW 49 ROAD<br>TAMARAC, FL 33319 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARRINGTON EDWIN<br>5206 N.W. 44 AVE.<br>TAMARAC FL 33319 U.S.<br>☐ Change ☒ 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 directo 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 4-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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03/28/08--01029--002 **70.00