

2008-07-21 10:48

MR. BILLS

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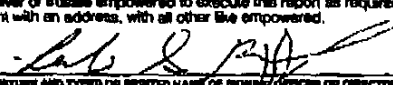
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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUL 21 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13134			
1. Entity Name MAINLANDS SECTION 8 IRRIGATION, INC.			
Principal Place of Business 4920 N.W. 51ST COURT TAMARAC, FL 33319 US		Mailing Address 4920 N.W. 51ST COURT TAMARAC, FL 33319 US	
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 69-2620503		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		04012008 Chg-NP CR2E037 (12/06)	
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 (Current 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 accept the obligations of registered agent.			
SIGNATURE Signature, typed in printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO RINARD, LESLIE 5310 NW 49 AVENUE TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/28/08 01029 002 \$70.00 ☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO ARGE, ELIEZER 5401 NW 49 AVE. TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZANGMEISTER, FRED 5311 N.W. 49 TERRACE TAMARAC, FL 33319 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McCarthy George 4811 NW 49 Road TAMARAC FL 33319 U.S. ☒ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MINERMAN, ADA LOU 4920 NW 49 ROAD TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FND STAPLETON, EDMUND 4928 NW 55 STREET TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, GEORGE 4811 NW 49 ROAD TAMARAC, FL 33319 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON EDWIN 5206 N.W. 44 AVE. TAMARAC FL 33319 U.S. ☐ Change ☒ Addit
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 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	

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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