

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13134

FILED
Feb 25, 2009
Secretary of State

Entity Name: MAINLANDS SECTION 6 IRRIGATION, INC.

Current Principal Place of Business:

4920 N.W. 51ST COURT
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4920 N.W. 51ST COURT
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 59-2620503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINARD, LESLIE
5310 NW 49 AVE
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

ARCE, ELIEZER
5401 NW 49 AVE
TAMARAC, FL 33319 US

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: ELIEZER ARCE

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RINARD, LESLIE
Address: 5310 NW 49 AVENUE
City-St-Zip: TAMARAC, FL 33319 US

Title: VD () Delete
Name: ARCE, ELIEZER
Address: 5401 NW 49 AVE.
City-St-Zip: TAMARAC, FL 33319 US

Title: SD () Delete
Name: MCCARTHY, GEORGE
Address: 4811 NW 49 AVE
City-St-Zip: TAMARAC, FL 33319

Title: TD () Delete
Name: MINERMAN, ADA LOU
Address: 4920 NW 49 ROAD
City-St-Zip: TAMARAC, FL 33319 US

Title: FND () Delete
Name: STAPLETON, EDMUND
Address: 4928 NW 55 STREET
City-St-Zip: TAMARAC, FL 33319 US

Title: D () Delete
Name: HARRINGTON, EDWIN
Address: 5206 NW 49 AVE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARCE, ELIEZER
Address: 5401 NW 49 AVENUE
City-St-Zip: TAMARAC, FL 33319 US

Title: VD (X) Change () Addition
Name: ROBERTS, HENRY
Address: 5402 NW 49 AVENUE
City-St-Zip: TAMARAC, FL 33319 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FND (X) Change () Addition
Name: STAPLETON, EDMOND
Address: 4928 NW 55 STREET
City-St-Zip: TAMARAC, FL 33319 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIEZER ARCE

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date