

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90186 026 \*\*\*150.00

DOCUMENT # P00000073682

1. Entity Name

ALBRECHT IRRIGATION, INC.



Principal Place of Business  
491 NW DOVER COURT.  
PORT ST. LUCIE FL 34983

Mailing Address  
491 NW DOVER COURT  
PORT ST. LUCIE FL 34983



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address *391 NW Sheffield Cir.*

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State  
*Pt St Lucie FL*

4. FEI Number 59-3691309

Applied For  
Not Applicable

Zip

Country

Zip  
*34983*

Country  
*US*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBRECHT, KEVIN  
491 NW DOVER COURT  
PORT ST. LUCIE FL 34983

Name

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 *K D Ant* President

3-26-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
ALBRECHT, KEVIN  
491 NW DOVER COURT  
PORT ST. LUCIE FL 34983  
*NEW Address Above*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K D Ant* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07 772 370 0290  
Date Daytime Phone #