

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90010 032 ***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

391 NW. SHEFFIELD CIR
PORT ST. LUCIE FL 34983

2. Principal Place of Business - No P.O. Box #
391 NW Sheffield Cir

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pt St Lucie FL

City & State

Zip
34983

Country
US

Zip

Country

4. FEI Number 59-3691309

Applied For
Not Applicable

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

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

(NOTE: Registered Agent signature required when submitting)

DATE

3-10-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALBRECHT, KEVIN
STREET ADDRESS 391 NW SHEFFIELD CIR
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08

772 370 0290

Date

Daytime Phone #