


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000117948</b> 1. Entity Name MCKENNA IRRIGATION SERVICES, INC.			
Principal Place of Business 27050 MORA ROAD BONITA SPRINGS, FL 34135		Mailing Address P O BOX 3310 BONITA SPRINGS, FL 34133	
2. Principal Place of Business 27499 Riverview Center Blvd. Suite, Apt. #, etc. 203		3. Mailing Address Suite, Apt. #, etc. 34133-3310	
City & State Bonita Springs		City & State Bonita Springs	
Zip 34134		Country USA	
4. FEI Number 59-3760147		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKENNA, TAMMI L 27050 MORA ROAD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name: Tammi L. McKenna Street Address (P.O. Box Number is Not Acceptable): 27499 Riverview Center Blvd. Suite 203 City: Bonita Springs FL Zip Code: 34134	
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: <u>Tammi L. McKenna</u> DATE: <u>2/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	P/T/D
NAME	MCKENNA, DENNIS C	NAME	27499 Riverview Center Blvd
STREET ADDRESS	27050 MORA ROAD	STREET ADDRESS	Suite 203 Bonita Springs 34134
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs FL 34134
TITLE	VS	TITLE	V/S/D
NAME	MCKENNA, TAMMI L	NAME	27499 Riverview Center Blvd Suite 203
STREET ADDRESS	27050 MORA ROAD	STREET ADDRESS	Bonita Springs FL 34134
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	34134
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: <u>Tammi L. McKenna</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/8/06</u> Daytime Phone: #	

FILED

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SECRET  
TALLAHASSEE, FLORIDA



02082006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3760147 Applied For Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKENNA, TAMMI L  
27050 MORA ROAD  
BONITA SPRINGS, FL 34135

Name: Tammi L. McKenna

Street Address (P.O. Box Number is Not Acceptable):

27499 Riverview Center Blvd. Suite 203

City: Bonita Springs FL Zip Code: 34134

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SIGNATURE

Tammi L. McKenna

2/8/06

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, 2006 Fee will be \$550.00**

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	PT	<input type="checkbox"/> Delete
NAME	MCKENNA, DENNIS C	
STREET ADDRESS	27050 MORA ROAD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCKENNA, TAMMI L	
STREET ADDRESS	27050 MORA ROAD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27499 Riverview Center Blvd	
STREET ADDRESS	Suite 203 Bonita Springs 34134	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27499 Riverview Center Blvd Suite 203	
STREET ADDRESS	Bonita Springs FL 34134	
CITY-ST-ZIP	34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #