


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000091010 1. Entity Name ABSOLUTE CONTROL IRRIGATION SPECIALISTS, INC.	
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Principal Place of Business 162 EL TIGRE EDGEWATER, FL 32141	Mailing Address 162 EL TIGRE EDGEWATER, FL 32141
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2058598	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WORCESTER, FRANCINE V  
 162 EL TIGRE  
 EDGEWATER, FL 32141

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WORCESTER, FRANCINE V 162 EL TIGRE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WORCESTER, JAMES H 162 EL TIGRE EDGEWATER, FL 32141
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U00000378542  
 01/09/06-80011-008 8.75

U00000378542  
 01/09/06-80011-009 150.00

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: Francine V Worcester / Francine V. Worcester, President 1-3-06 306-428-2338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #