

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**

**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000031039

1. Entity Name

GULFSTREAM IRRIGATION, INC.

APR 28, 2005 08:00 AM

Secretary of State

Principal Place of Business

2890 SW 4TH ST  
BOYNTON BEACH FL 33435

Mailing Address

2890 SW 4TH ST  
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0822568

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/04)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRIVELLONE, ANTHONY P  
2890 SW 4TH ST  
BOYNTON BEACH FL 33435

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

NO CHANGES

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

PT

CRIVELLONE, JOAN D

2890 SW 4TH ST

BOYNTON BEACH FL 33435

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS

CRIVELLONE, ANTHONY P

2890 SW 4TH ST

BOYNTON BEACH FL 33435

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

UN00000339269

04/28/05-80071-003 150.00

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony P

CRIVELLONE

4-26-05

561

436 66 20

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #