

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000113547	
1. Entity Name ALLEN MCLAIN IRRIGATION, INC.	

Principal Place of Business 7551 SW 79TH ST OCALA FL 34476	Mailing Address 7551 SW 79TH ST OCALA FL 34476
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 06-1711842 ☐ Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent MCLAIN, CHERYL E 7551 SW 79TH ST. OCALA FL 34476	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

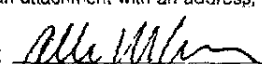
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May ☐ **Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD ☐ Delete	NAME MCLAIN, ALLEN	TITLE ☐ Change ☐ Add	
STREET ADDRESS 7551 SW 79TH ST		STREET ADDRESS U00000490943	
CITY-ST-ZIP OCALA FL 34476		CITY-ST-ZIP 04/19/06-80002-015 150.00	
TITLE VD ☐ Delete	NAME MCLAIN, CHERYL	TITLE ☐ Change ☐ Add	
STREET ADDRESS 7551 SW 79TH ST		STREET ADDRESS	
CITY-ST-ZIP OCALA FL 34476		CITY-ST-ZIP	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	
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 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:  **Allen McLain, President** 4/1/06 (352)237-6787