

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000117816

1. Entity Name
DANIEL TIEDT'S AAA IRRIGATION, INC.



Principal Place of Business
2544 SARNO RD
MELBOURNE, FL 32935

Mailing Address
2544 SARNO RD
MELBOURNE, FL 32935

FILED
Feb 27, 2008 08:00 AM
Secretary of State



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0485979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIEDT, DANIEL
2544 SARNO RD
MELBOURNE, FL 32935

**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, 2008 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	P TIEDT, DANIEL 2544 SARNO RD. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECLEMENTI, RALPH III 2544 SARNO RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/07/08-80007-007 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08

321254-8195
Date Daytime Phone #