## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000127649

**Entity Name: IRRIMAX CORPORATION** 

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4037 S.W. 93RD DRIVE GAINESVILLE, FL 32608 **Current Mailing Address: New Mailing Address:** 4037 S.W. 93RD DRIVE GAINESVILLE, FL 32608 FEI Number: 20-0375613 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUCINSKI, PAUL J 4037 S.W. 93RD DRIVE GAINESVILLE, FL 32608 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RUCINSKI, PAUJ J Name: Name: 4037 SW 93RD DRIVE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: BRILL, ERIC J Name: BRILL, ERIC J 4037 SW 93RD DRIVE 4500 NEWBERRY ROAD Address: Address: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ORTIZ-SANTINI, LIONEL V Name: Name: 1792 BELL TOWER LANE Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: D,VP ( ) Delete Title: () Change () Addition ZAIDSPINER, SAM Name: Name: Address: 4037 SW 93RD DRIVE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: D,CF Title: ( ) Delete () Change () Addition ANDERSON, MICHAEL A Name: Name: 4500 W NEWBERRY ROAD Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. ANDERSON CFO 04/28/2006