

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90549 032 ***150.00

DOCUMENT # P03000142727 1. Entity Name ADVANCED IRRIGATION SPECIALISTS, INC.					
Principal Place of Business 1203 THREE MEADOWS DRIVE ROCKLEDGE, FL 32955 US			Mailing Address 1203 THREE MEADOWS DRIVE ROCKLEDGE, FL 32955 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent BORN, JEFFREY M 1203 THREE MEADOWS DR. ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
6. 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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. 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	P	☐ Delete			
NAME	BORN, JEFFREY M				
STREET ADDRESS	1203 THREE MEADOWS DR.				
CITY - ST - ZIP	ROCKLEDGE, FL 32955				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
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TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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: _____		4-29-06		321-632-4322	
PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date		Daytime Phone #	

66022698



04292005 Chg-P CR2E034 (10/03)

4. FEI Number **81-0638946** Applied For Not Applicable

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

FL Zip Code