

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90020 035 ***150.00

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1. Entity Name
ADVANCED IRRIGATION & PUMP REPAIR, INC.



Principal Place of Business
**6546 KEIBER CIRCLE
YOUNGSTOWN, FL 32466**

Mailing Address
**6546 KEIBER CIRCLE
YOUNGSTOWN, FL 32466**

40110510



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-0737205 55-0859722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITTON, JEFFREY P
565 HARRISON AVENUE
PANAMA CITY, FL 32401**

**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

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, 2007 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
**PD
CERTALICH, GARY
6546 KEIBER CIRCLE
YOUNGSTOWN, FL 32466**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CERTALICH, JACK W
2821 FRANKFORD AVE.
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CERTALICH, BEVERLY L
6546 KEIBER CIRCLE
YOUNGSTOWN, FL 32466**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Date

Daytime Phone #

Beverly L Certalich **Beverly L Certalich** 452707 850-722-9813