

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030494

FILED  
Apr 16, 2006  
Secretary of State

Entity Name: BEACHSIDE IRRIGATION SERVICES, INC.

## Current Principal Place of Business:

5356 MARE CREEK DR.  
CRESTVIEW, FL 32539

## New Principal Place of Business:

5819 ROBERTS RD.  
CRESTVIEW, FL 32536

## Current Mailing Address:

5356 MARE CREEK DR.  
CRESTVIEW, FL 32539

## New Mailing Address:

5819 ROBERTS RD.  
CRESTVIEW, FL 32536

FEI Number: 68-0578265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACKBURN, JOHN  
5356 MARE CREEK DR.  
CRESTVIEW, FL 32539 US

## Name and Address of New Registered Agent:

BLACKBURN, JOHN  
5819 ROBERTS RD.  
CRESTVIEW, FL 32536 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: JOHN BLACKBURN

04/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLACKBURN, JOHN  
Address: 5356 MARE CREEK DR.  
City-St-Zip: CRESTVIEW, FL 32539

Title: O ( ) Delete  
Name: BLACKBURN, BILLIE J  
Address: 5356 MARE CREEK DR.  
City-St-Zip: CRESTVIEW, FL 32539

Title: O ( ) Delete  
Name: BLACKBURN, JAMES BRENT  
Address: 5356 MARE CREEK DR.  
City-St-Zip: CRESTVIEW, FL 32539

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLACKBURN, JOHN  
Address: 5819 ROBERTS RD.  
City-St-Zip: CRESTVIEW, FL 32536

Title: O (X) Change ( ) Addition  
Name: BLACKBURN, BILLIE J  
Address: 5819 ROBERTS RD.  
City-St-Zip: CRESTVIEW, FL 32536

Title: O (X) Change ( ) Addition  
Name: BLACKBURN, JAMES BRENT  
Address: 5819 ROBERTS RD.  
City-St-Zip: CRESTVIEW, FL 32536

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: JOHN BLACKBURN

P

04/16/2006

Electronic Signature of Signing Officer or Director

Date