

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000030494

FILED
Nov 18, 2009
Secretary of State

Entity Name: BEACHSIDE IRRIGATION SERVICES, INC.

Current Principal Place of Business:

5819 ROBERTS RD.
CRESTVIEW, FL 32536

New Principal Place of Business:

5356 MARE CREEK DR.
CRESTVIEW, FL 32539

Current Mailing Address:

5819 ROBERTS RD.
CRESTVIEW, FL 32536

New Mailing Address:

5356 MARE CREEK DR.
CRESTVIEW, FL 32539

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
5819 ROBERTS RD.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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

11/18/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Delete
Name: MOBLEY, MARK
Address: 5819 ROBERTS RD.
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 S BLACKBURN

P

11/18/2009

Electronic Signature of Signing Officer or Director

Date