2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037869

Name:

Address:

City-St-Zip:

SYRKUS, AARON J

37-D STRAWBRIDGE AVE.

MELBOURNE, FL 32901

Entity Name: B & B IRRIGATION & LANDSCAPING, INC.

FILED Sep 07, 2007 Secretary of State

Current Principal Place of Business:				New Prin	New Principal Place of Business:			
450 STAN WEST MEI	DRIVE LBOURNE, FL	32904	US			K DRIVE UNIT B EACH, FL 32937	US	
Current Mailing Address:				New Mail	New Mailing Address:			
	STAN DRIVE ST MELBOURNE, FL 32904 US				1765 SOUTH PATRICK DRIVE UNIT B INDIAN HARBOUR BEACH, FL 32937 US			
FEI Number:	42-1631674	FEI Numb	per Applied For ()	FEI Number Not App	olicable ()	Certificate of State	us Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
MELBOUR	NEW HAVEN A NE, FL 329014	4507 US	s statement for the p	urnose of changing	its registere	d office or registered	lagent or both	
in the State		abilits till	s statement for the p	urpose of changing	its registered	d office of registered	agent, or both,	
SIGNATUR								
Electronic Signature of Registered Agent				nt	Date			
Election Can		Trust Fund	the corporation did not l Contribution ().	·		ES TO OFFICERS A	AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DVP () SYRKUS, DAVID 876 SHOSHONE WEST MELBOU	ELANE	2904 US	Title: Name: Address: City-St-Zip:		() Change () Addition	1	
Title: Name: Address: City-St-Zip:	DS () PORCELLA, GLI 450 STAN DRIVE WEST MELBOU	E	2904 US	Title: Name: Address: City-St-Zip:		(X) Change () Addition GLEN H PATRICK DRIVE UNIT BOUR BEACH, FL 329	В	
Title:	V ()	Delete		Title:		() Change () Addition	1	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK BRUNN RA 09/07/2007