


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 046 ***150.00

DOCUMENT # P04000066052

1. Entity Name
A1A PUMP AND IRRIGATION INC.



Principal Place of Business Mailing Address
435 GLENWOOD AVE. **435 GLENWOOD AVE.**
SATELLITE BEACH, FL 32937 US **SATELLITE BEACH, FL 32937 US**

50066305

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



09072005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0478282** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RHODES, SCOTT P
435 GLENWOOD AVE.
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RHODES, SCOTT P	
STREET ADDRESS	435 GLENWOOD AVE.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RHODES, SCOTT P	
STREET ADDRESS	435 GLENWOOD AVE.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	RHODES, ANGELA K	
STREET ADDRESS	435 GLENWOOD AVE.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	RHODES, ANGELA K	
STREET ADDRESS	435 GLENWOOD AVE.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Angela K. Rhodes Date: 9/12/05 Daytime Phone #: 321-779-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

50066305
P04000066052

9/7/05

Dear Sirs,

I have enclosed the renewal for company, A1A Pump and Irrigation Inc. I paid this fee prior to the deadline of May 1st. I received notice that the company would be dissolved on 9/7/05 due to non-payment. As you can see via the attached documentation. We were scammed. I recently became aware of this through receipt of a letter and a returned check, last week.

Prior to learning that we were scammed, I tried repeatedly to contact your office via phone and was unsuccessful. I kept waiting to see if the check had cleared and had planned on sending an additional check until I received notice of the scam.

I attempted to pay the fee via the internet. However, because it is now late, due to the scam, it would only allow me to pay a \$550.00 fee. There was no consideration given to being taken by the scam. I even called the scam people and told them that another company, Outdoor Lighting Designs, Inc., was out of business. They said that they would reflect that in their system. I thought I was talking to the State, but, now it's obvious that I was not.

I am respectfully asking that we not be charged the late fee for the corporation. We are a family-owned, one-man, operation. It would hurt us financially. In addition, I have made a genuine effort to pay on time. Had I not been scammed, all would be okay.

Sincerely,



ANGella Rhodes
Sec/Treas

A1A Pump & Irrigation, INC.
435 Glenwood Ave.
Satellite Beach, FL 32937
321-779-2110

Doc#P04000066052

ATTACHMENT 50066305

BUSINESS INFORMATION		City <u>PO4000046055</u>		State <u>FL</u>	Zip Code <u>32937-3138</u>
Business Name & Principal Office Street Address A1A PUMP AND IRRIGATION INC. 435 GLENWOOD AVE		City SATELLITE BEACH		State FL	Zip Code 32937-3138
Person To Contact E-mail <u>SCOTT.RHODES@9101at.com</u>		Telephone (With Area Code) <u>(321) 779-2110</u>	FAX (With Area Code) () _____		
OFFICERS - NAMES OF ALL OFFICERS, INCLUDING OFFICERS WHO ARE DIRECTORS			DIRECTORS - NAMES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS		
PRESIDENT/CEO (Required Position) RHODES SCOTT P			DIRECTOR #1 NAME (Required Position)		
VICE-PRESIDENT (Optional Position) Scott Rhodes			DIRECTOR #2 NAME (Required if there are 2 Shareholders)		
SECRETARY (Required Position) Angela Rhodes			DIRECTOR #3 NAME (Required if 3 or more Shareholders)		
TREASURER/CFO (Required Position) Angela Rhodes			DIRECTOR #4 NAME (Optional Position)		
[Barcode]			DIRECTOR #5 NAME (Optional Position)		
RETURN NO LATER THAN MAY 31, 2005			DIRECTOR #6 NAME (Optional Position)		
			DIRECTOR #7 NAME (Optional Position)		
if additional space is needed for replacement officer and director names, please attach a separate sheet of paper.			DIRECTOR #8 NAME (Optional Position)		
THIS SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENT AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT.				AMOUNT ENCLOSED \$100.00	

CCCD0305FV2-FL

RETURN THIS FORM NO LATER THAN MAY 31, 2005 TO ENSURE TIME FOR PROCESSING AND AVOID LATE FEES.*
CORPORATE COMPLIANCE CENTER, 400 CAPITAL CIRCLE, SUITE 18-403 TALLAHASSEE, FL 85291 (888) 883-6635
CCF No. 337953FL ©2005 Compliance Filing, Inc.

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A1A PUMP AND IRRIGATION INC.
435 GLENWOOD AVE.
SATELLITE BEACH, FL 32937-3138

63-8413/2670
0943877855

437

DATE 5/19/05

PAY TO THE ORDER OF "CCC" \$ 100.00
one-hundred + ⁰⁰/₁₀₀ DOLLARS

Washington Mutual
Washington Mutual Bank, FA
Indian Harbour Beach Financial Center 1708
1900 Highway A1A 3 800-788-7000
Indian Harbour Beach, FL 32937 24 Hour Customer Service

NOTES Corporate filing Angela Rhodes
⑆ 267084131⑆ 0943877855⑈ 037