

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066052

FILED  
Jan 28, 2010  
Secretary of State

Entity Name: A1A PUMP AND IRRIGATION INC.

**Current Principal Place of Business:**

435 GLENWOOD AVE.  
SATELLITE BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

435 GLENWOOD AVE.  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

FEI Number: 65-0478282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RHODES, SCOTT P  
Address: 435 GLENWOOD AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP  
Name: RHODES, SCOTT P  
Address: 435 GLENWOOD AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SEC.  
Name: RHODES, ANGELA K  
Address: 435 GLENWOOD AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TREA  
Name: RHODES, ANGELA K  
Address: 435 GLENWOOD AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: SCOTT P. RHODES

P

01/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date