2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2006 8:00 am Secretary of State **DOCUMENT # P05000079660** 1. Entity Name M P F IRRIGATION SERVICES INC 04-10-2006 90320 017 ***150.00 Principal Place of Business Mailing Address 5201 ROSEHILL DR 5201 ROSEHILL DR **BOYNTON BEACH, FL 33437** BOYNTON BEACH, FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 CR2E034 (11/05) City & State City & State Applied For Not Applicable Ζip Country Zio Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARRELL, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 5201 ROSEHILL DR **BOYNTON BEACH, FL 33437** City Zip Code \$. 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 Signature, typed or protect name of registered agent and tide I applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. \Box 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠŒ 🗀 Delete MILE Change Addition FARRELL, MICHAEL 5201 ROSEHILL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP TITLE ☐ Delete IIILE T Chance Addition RALE NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE __ Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IME Change Addition NAME MAUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or studies empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

TITLE

NAME

☐ Deleta

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Change

☐ Addition

FILED