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(Req	uestor's Name)				
(Addi	ress)				
(Addi	ress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Busi	in ess Entity Na	me)			
(Doc	ument Number)			
Certified Copies	Certificate	s of Status			
Special Instructions to F	iling Officer:				





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03/01/06--01018--026 **35.00



75,00°

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Aquamaster I crigation Specialiste (Name of Corporation)					
(Name of Corporation)					
DOCUMENT NUMBER:					
The enclosed withdrawal application and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Francis H Donalise III (Name of Person)					
(Name of Person)					
Aquamester Isrigation Speciests inc. (Firm/Company)					
(Firm/Company)					
So moree loop the (Address)					
(Address)					
WINTER Springs FI 32=08					
(City/State and Zip code)					
For further information concerning this matter, please call:					
(Name of Person) at (407) 402 5271 (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: MAILING ADDRESS:					
Amendment Section Amendment Section					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Francis	Donalue II	, hereby resign a	s Perwan	X (Title)	
of Aquama	eter Imagestic	Corporation)			_,
(Document N	umber, if known)	a corporation organized t	ınder the laws o	of the State of	
Florida				06 MAR -	Manging
				16 MAR - I L'CRETARY L'CAHASSEI	=
					ED
	(Sie	mature of resigning officer/din	ector)	8: 03 STATE LORID,	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314