

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90028 032 \*\*\*150.00

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1. Entity Name

ACTION IRRIGATION & LANDSCAPE, INC.



Principal Place of Business

25 B SOUTH WICKHAM RD  
MELBOURNE FL 32904  
US

Mailing Address

P.O. BOX 410518  
MELBOURNE FL 32941  
US



2. Principal Place of Business

115 Hickory St  
Suite, Apt. #, etc.  
# 204

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Melbourne FL

City & State

Zip

32904

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3230837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, THOMAS  
25B SOUTH WICKHAM RD  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name Butler, Thomas

Street Address (P.O. Box Number is Not Acceptable)

115 Hickory St # 204

City West Melbourne

FL

Zip Code

32904

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 Tom Butler Tom Butler

3-29-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BUTLER, THOMAS  
STREET ADDRESS 2200 HOWELL LANE  
CITY-ST-ZIP MALABAR FL 32950

TITLE D ☐ Delete  
NAME BUTLER, BARBARA  
STREET ADDRESS 2200 HOWELL LANE  
CITY-ST-ZIP MALABAR FL 32950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Tom Butler Tom Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #