

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90126 016 ***150.00

DOCUMENT # P94000015040 1. Entity Name ACTION IRRIGATION & LANDSCAPE, INC.			
Principal Place of Business 115 HICKORY ST #204 MELBOURNE FL 32904 US		Mailing Address P.O. BOX 410518 MELBOURNE FL 32941	
2. Principal Place of Business - No P.O. Box # Tom Butler 2200 Howell Ln. Malabar, FL 32950-3535		3. Mailing Address Tom Butler 2200 Howell Ln. Malabar, FL 32950-3535 <small>City & State</small>	
<small>Zip</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">USA</div>	<small>Country</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">USA</div>	<small>Zip</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">USA</div>	<small>Country</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">USA</div>
6. Name and Address of Current Registered Agent <div style="display: flex; align-items: center;"> Tom Butler 2200 Howell Ln. Malabar, FL 32950-3535 </div>		7. Name and Address of New Registered Agent <small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <small>City</small> FL <small>Zip Code</small>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> D BUTLER, THOMAS <input type="checkbox"/> Delete </div> 2200 HOWELL LANE MALABAR FL 32950	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> D BUTLER, BARBARA <input type="checkbox"/> Delete </div> 2200 HOWELL LANE MALABAR FL 32950	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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1st MOORE CR2E034 (10/06)

4. FEI Number **59-3230837** ☐ Applied For
☐ Not Applicable

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

SIGNATURE: *Tom Butler* **Tom Butler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 306-259-5227

Date

Daytime Phone #

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.