## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000002551

Entity Name: ALL SEASONS IRRIGATION, INC.

FILED Mar 06, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

15114 NW 8TH ST. 1920 NW 88TH WAY

PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

PO BOX 822435 PO BOX 820298

PEMBROKE PINES, FL 33082 PEMBROKE PINES, FL 33082

FEI Number: 65-0803087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROTHROCK, MILTON A
15114 NW 8TH ST.

ROTHROCK, MILTON A
1920 NW 88TH WAY

PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33024 US

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: 03/06/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 ROTHROCK, MILTON A
 Name:
 ROTHROCK, MILTON A

 Address:
 15114 NW 8TH ST.
 Address:
 1920 NW 88TH WAY

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:
 PEMBROKE PINES, FL 33024

Title: VTSD ( ) Delete Title: VTSD (X) Change ( ) Addition

Name: ROTHROCK, VALERIE J Name: ROTHROCK, VALERIE J
Address: 15114 NW 8TH ST. Address: 1920 NW 88TH WAY

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VALERIE ROTHROCK VTSD 03/06/2007