

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70673

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: AMERICAN WELL & IRRIGATION, INC.

## Current Principal Place of Business:

49 ARDELLA RD  
ATLANTIC BEACH, FL 32233 US

## New Principal Place of Business:

49 ARDELLA ROAD  
ATLANTIC BEACH, FL 32233 US

## Current Mailing Address:

49 ARDELLA RD  
ATLANTIC BEACH, FL 32233 US

## New Mailing Address:

49 ARDELLA ROAD  
ATLANTIC BEACH, FL 32233 US

FEI Number: 59-3075574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETE ORLANDO, CPA, PA  
4745 SUTTON PARK COURT  
SUITE 101  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CONSELICE, JOSEPH, JR.  
Address: 1743 JORK ROAD EAST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete  
Name: SOTO, JOSEPH  
Address: 1529 BENTON DR S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete  
Name: CONSELICE, MICHELLE  
Address: 49 ARDELLA ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: SD (X) Delete  
Name: CONSELICE, JANE  
Address: 1743 JORK ROAD EAST  
City-St-Zip: JACKSONVILLE, FL 32207 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CONSELICE, JOSEPH, JR.  
Address: 1743 JORK ROAD EAST  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: V (X) Change ( ) Addition  
Name: SOTO, JOSEPH  
Address: 10905 MARYWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: TSD (X) Change ( ) Addition  
Name: CONSELICE, MICHELLE  
Address: 937 MINERAL CREEK ROAD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH CONSELICE

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date