| FEI Number: 59-2390481 | | Certificate of Status Desired: No | | |
|--|--|-----------------------------------|---|------------|
| Name and Address of Current Registered Agent: | | | | |
| SIDLOVSKY, NANCY L 619 CATTLEMEN RD SUITE O11 SARASOTA, FL 34232 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 | NANCY L. SIDLOVSKY | | | 02/27/2014 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | P | Title | S | |

Name

Address

City-State-Zip:

Current Principal Place of Business: 6188 LEE ANN LANE NAPLES. FL 34109

DOCUMENT# G76207

Current Mailing Address:

6188 LEE ANN LANE NAPLES, FL 34109 US

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SIDLOVSKY, MICHAEL

SIDLOVSKY, MICHAEL

1025 OAKES BLVD NAPLES FL 34119

1025 OAKES BLVD

NAPLES FL 34119

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I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SIDLOVSKY

MANAGER

SIDLOVSKY, MICHAEL

1025 OAKES BLVD

NAPLES FL 34119

Electronic Signature of Signing Officer/Director Detail

FILED Feb 27, 2014 Secretary of State CC1270342978

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: AQUA-MATIC IRRIGATION SYSTEMS, INC.

Name

Title

Name Address

Address

City-State-Zip:

City-State-Zip: