


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # H89553		
1. Entity Name HARTMANN IRRIGATION, INC.		
Principal Place of Business 685 FERN DR. MERRITT ISLAND, FL 32952 US	Mailing Address P.O. BOX 541364 MERRITT ISLAND, FL 32954-1364 US	

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2632009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSCHENBAUM, JACK A.
 505 NORTH ORLANDO AVENUE
 COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARTMANN, WALTER 885 FERN DR. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'CONNELL, GEOFFREY M 885 FERN DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/12/08 8:00:17-0124:150:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 4/21/08 DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR