

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000087322**

1. Entity Name  
**RAINDANCER IRRIGATION, INC.**



Principal Place of Business  
**13925 83RD STREET  
FELLSMERE, FL 32948**

Mailing Address  
**PO BOX 815  
FELLSMERE, FL 32948**



01152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0230691**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHIVERS, OVID M JR  
13925 83RD STREET  
FELLSMERE, FL 32948**

**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, 2006 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  
SHIVERS, OVID M JR  
13925 83RD STREET  
FELLSMERE, FL 32948**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SHIVERS, DEBORAH  
13925 83RD STREET  
FELLSMERE, FL 32948**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SHIVERS, JACOB  
13925 83RD STREET  
FELLSMERE, FL 32948**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000443622  
03/06/06-80019-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Ovid M Shivers Jr. OVID M SHIVERS JR. 2-21-06 (772) 571-1344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #