

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737178

**FILED**  
**Apr 08, 2004**  
**Secretary of State****Entity Name:** FLORIDA IRRIGATION SOCIETY, INC.**Current Principal Place of Business:**9340 N. 56TH STREET, SUITE 105  
TAMPA, FL 33617 US**New Principal Place of Business:**9340 N. 56TH STREET  
SUITE 105  
TEMPLE TERRACE, FL 33617 US**Current Mailing Address:**9340 N. 56TH STREET, SUITE 105  
TAMPA, FL 33617 US**New Mailing Address:**9340 N. 56TH STREET  
SUITE 105  
TEMPLE TERRACE, FL 33617 US**FEI Number:** 59-1781561**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MURPHY, KATHY S  
9340 N. 56TH STREET, SUITE 105  
TAMPA TERRACE, FL 33617 US**Name and Address of New Registered Agent:**AMAROSA, JENNIFER C  
9340 N. 56TH STREET  
SUITE 105  
TEMPLE TERRACE, FL 33617 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: JENNIFER C. AMAROSA

04/08/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** HINELINE, HARLAN  
**Address:** PO BOX 290874  
**City-St-Zip:** PORT ORANGE, FL**Title:** PD ( ) Delete  
**Name:** NEFF, RICHARD  
**Address:** 4770 NE 11 AVE.  
**City-St-Zip:** FORT LAUDERDALE, FL 33334**Title:** VD ( ) Delete  
**Name:** ALMOND, CHARLES  
**Address:** 300 CYPRESS LANDING DR.  
**City-St-Zip:** LONGWOOD, FL 32779**Title:** SD ( ) Delete  
**Name:** PERKINS, MICHAEL  
**Address:** 1901 NW 18TH ST.  
**City-St-Zip:** POMPANO BEACH, FL 33069**Title:** TD ( ) Delete  
**Name:** MIGLIOTTA, JOHN  
**Address:** 5508 W. LINEBAUGH AVE, SUITE 55  
**City-St-Zip:** TAMPA, FL 33624**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VD (X) Change ( ) Addition  
**Name:** ST. PEARRE, HARRY  
**Address:** P.O. BOX 639  
**City-St-Zip:** RIVERVIEW, FL 33568**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MIRAGLIOTTA

TD

04/08/2004

Electronic Signature of Signing Officer or Director

Date