2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90060 013 ***150.00

DOCUMENT # 268322

1. Entity Name
SENNINGER IRRIGATION INC

Principal Place of Business	Mailing Address
6416 OLD WINTER GARDEN RD. ORLANDO, FL 32835-1348	6416 OLD WINTER GARDEN RD. ORLANDO, FL 32835-1348

03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1000959
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALEEL, SAMUEL J.
6416 OLD WINTER GARDEN RD
ORLANDO, FL 32835

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEALY,A M
STREET ADDRESS	6325 WYNGLOW LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	DV
NAME	HEALY,MARK
STREET ADDRESS	1735 BLOSSOMWOOD
CITY-ST-ZIP	ORLANDO, FL
TITLE	DV
NAME	SENNINGER, THOMAS P.
STREET ADDRESS	5948 LAKE NELLIE RD
CITY-ST-ZIP	CLERMONT, FL
TITLE	DV
NAME	ELLIOTT, FREDERICK T.
STREET ADDRESS	12116 VALLEY RD.
CITY-ST-ZIP	CLERMONT, FL
TITLE	DP
NAME	SKOLNIK, ADAM R.
STREET ADDRESS	12001 VALLEY RD.
CITY-ST-ZIP	CLERMONT, FL
TITLE	DT
NAME	KALEEL, SAMUEL J.
STREET ADDRESS	1127 BLACK ACRE TR
CITY-ST-ZIP	WINTER SPRINGS, FL

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Samuel J. Kaleel Samuel J. Kaleel 3/9/04 (407)293-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
24033088

ATTACHMENT

2004 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # 268322
SENNINGER IRRIGATION INC

OFFICERS AND DIRECTORS

TITLE	DS
NAME	CAROL KENNEDY
STREET ADDRESS	11019 ORANGESHIRE CT
CITY-ST-ZIP	OCOEE FL 34761

TITLE	D
NAME	JAMES BURKS
STREET ADDRESS	16740 APPALOOSA TRAIL
CITY-ST-ZIP	MONTVERDE FL 34756