

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90052 002 ***150.00

DOCUMENT # 268322	
1. Entity Name SENNINGER IRRIGATION INC	



Principal Place of Business 16220 E HIGHWAY 50 CLERMONT, FL 34711	Mailing Address 16220 E HIGHWAY 50 CLERMONT, FL 34711
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40061449



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1000959	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KALEEL, SAMUEL J. 16220 E HIGHWAY 50 CLERMONT, FL 34711		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY, A M 6325 WYNGLOW LANE ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Senninger, Thomas P. 5948 Lake Nellie Rd. CLERMONT, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEALY, MARK 1735 BLOSSOMWOOD ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP Burks, James 16740 Appaloosa Trail Montverde, FL 34756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENNINGER, THOMAS P. 5948 LAKE NELLIE RD CLERMONT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herrera, Pablo A. 11929 Grace's Way CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, FREDERICK T. 12116 VALLEY RD. CLERMONT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SKOLNIK, ADAM R. 12001 VALLEY RD. CLERMONT, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KALEEL, SAMUEL J. 1127 BLACK ACRE TR WINTER SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Samuel J. Kaleel</u>	<u>Samuel J. Kaleel</u>	<u>4-12-07</u>	<u>293-5555</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT
40061449
ATTACHMENT

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SENNINGER IRRIGATION INC

10. OFFICERS AND DIRECTORS

TITLE	DSV
NAME	KENNEDY, CAROL
STREET ADDRESS	11019 ORANGESHIRE CT
CITY-ST-ZIP	OCOE, FL 34761

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