

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 268322

FILED
Apr 07, 2009
Secretary of State

Entity Name: SENNINGER IRRIGATION INC

Current Principal Place of Business:

16220 E HIGHWAY 50
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

16220 E HIGHWAY 50
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-1000959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KALEEL, SAMUEL J.
16220 E HIGHWAY 50
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEALY, A M,
Address: 6325 WYNGLOW LANE
City-St-Zip: ORLANDO, FL

Title: DV () Delete
Name: HEALY, MARK,
Address: 1735 BLOSSOMWOOD
City-St-Zip: ORLANDO, FL

Title: DS () Delete
Name: SENNINGER, THOMAS P.,
Address: 5948 LAKE NELLIE RD
City-St-Zip: CLERMONT, FL

Title: D () Delete
Name: ELLIOTT, FREDERICK T.,
Address: 12116 VALLEY RD.
City-St-Zip: CLERMONT, FL

Title: D () Delete
Name: HERRERA, PABLO A
Address: 11929 GRACE'S WAY
City-St-Zip: CLERMONT, FL 34711

Title: DT () Delete
Name: KALEEL, SAMUEL J.,
Address: 1127 BLACK ACRE TR
City-St-Zip: WINTER SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: BURKS, JAMES E
Address: 16740 APPALOOSA TRAIL
City-St-Zip: MONVERDE, FL 34756

Title: DT (X) Change () Addition
Name: KALEEL, SAMUEL J.,
Address: 1136 BLACK ACRE TR
City-St-Zip: WINTER SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J. KALEEL

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04/07/2009

Electronic Signature of Signing Officer or Director

Date