


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 040 \*\*\*150.00

<b>DOCUMENT # 345819</b> 1. Entity Name <b>GRACEWOOD IRRIGATION SYSTEMS, INC.</b>			
Principal Place of Business <b>1626 - 90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961-7370</b>		Mailing Address <b>P.O. BOX 370 VERO BEACH FL 32961</b>	
2. Principal Place of Business - No P.O. Box # <b>21 Royal Palm Pointe</b>		3. Mailing Address  	
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc.  	
City & State <b>Vero Beach, FL 32960</b>		City & State  	
Zip <b>32960</b>	Country <b>U.S.A.</b>	Zip  	Country  
4. FEI Number <b>59-1265274</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LUTHER, JOHN M. 1626 - 90TH AVENUE VERO BEACH FL 32960</b>		7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
21 Royal Palm Pointe Suite 201 Vero Beach, FL 32960		    	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD RICHARDSON, DANFORTH K. 1855 28 AVENUE VERO BEACH FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DAS : KAHLE, SANDRA R. 6020 SW - 5th St. Vero Beach, FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LUTHER, JOHN M. 555 SOUTH A1A VERO BEACH FL 32963 <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	D RICHARDSON, MARJORIE H 1626-90TH AVE. VERO BEACH FL 32966 <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	TS PEREZ, TOMAS RENE 2019 CORTEZ AVENUE VERO BEACH FL 32960 <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	ATD HOPKINS, SUSAN R. 1590 GRACEWOOD LANE VERO BCH. FL 32963 <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	D LUTHER, NANCY R 555 SOUTH A1A VERO BEACH FL 32963 <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 Section 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 16th, 2007 - 772-567-1151 <small>Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/06)