

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90011 039 \*\*\*150.00

**DOCUMENT # 385744**

1. Entity Name  
**UTILITIES & IRRIGATION SUPPLY, INCORPORATED**



Principal Place of Business  
**4441 HANCOCK BRIDGE PARKWAY  
NORTH FT. MYERS, FL 33903**

Mailing Address  
**4441 HANCOCK BRIDGE PARKWAY  
NORTH FT. MYERS, FL 33903**



08242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1398477</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SARGEANT, JOHN E  
4441 HANCOCK BRIDGE PKWY.  
FT MYERS, FL  
N. FT. MYERS, FL 33903**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SARGEANT, JOHN E. 4441 HANCOCK BRIDGE PKWY. N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TERRY, T RANKIN 1245 HANTON AVE FORT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KNIESTEDT, JOHN G. 1714 W. BLUEWATER TERR. N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/27/04**  
Date

**239-995-5441**  
Daytime Phone #