2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453067

Entity Name: FLORIDA IRRIGATION SUPPLY, INC.

FILED Mar 31, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2400 PASEO ST 2400 PASEO AVE. ORLANDO, FL 32805 ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

300 CENTRAL PARK DR SANFORD, FL 32771

FEI Number: 59-1522565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBINSON, RICHARD M. 201 E. PINE ST. **SUITE 1200** ORLANDO, FL 32802

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition TANNLER, FRED G., TANNLER, FRED G., Name: Name:

697 CRICKLEWOOD TR 1852 BRIDGEWATER DR Address: Address: HEATHROW, FL City-St-Zip: City-St-Zip: HEATHROW, FL 32746

Title: VΡ Title: VΡ () Delete (X) Change () Addition

Name: TANNTER, JON D Name: TANNLER, JON D

1596 REDWOOD GROVE TERRACE 1596 REDWOOD GROVE TERRACE Address: Address:

LAKE MARY, FL 32746 LAKE MARY, FL 32746 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: CS () Delete CS

MAGINA, SUSAN Name: MACINA, SUSAN Name:

9889 PALMETTO DUNES CT 9889 PALMETTO DUNES CT Address: Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN L MACINA CS 03/31/2004