

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453067

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** FLORIDA IRRIGATION SUPPLY, INC.

**Current Principal Place of Business:**

2400 PASEO AVE.  
ORLANDO, FL 32805

**New Principal Place of Business:**

300 CENTRAL PARK DR  
SANFORD, FL 32771

**Current Mailing Address:**

300 CENTRAL PARK DR  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-1522565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, RICHARD M  
301 EAST PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 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: PD ( ) Delete  
Name: TANNLER, FRED G.,  
Address: 1852 BRIDGEWATER DR  
City-St-Zip: HEATHROW, FL 32746

Title: VP ( ) Delete  
Name: TANNLER, JON D  
Address: 1596 REDWOOD GROVE TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: CS ( ) Delete  
Name: MACINA, SUSAN  
Address: 9889 PALMETTO DUNES CT  
City-St-Zip: ORLANDO, FL 32832

**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:

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 MACINA

CS

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date