2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2008 08:00 AN Secretary of State **DOCUMENT # 550009** 1. Entity Name SCHROEDER IRRIGATION, INC. Principal Place of Business Mailing Address 1305 26TH AVENUE VERO BEACH FL 32960 1305 26TH AVENUE VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suita, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 59-1760618 Not Applicable $Z_{i}p$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHROEDER, ALBERT J. Street Address (P.O. Box Number is Not Acceptable) 1305 26TH AVENUE VERO BEACH FL 32960 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, is post or chrieved lead to they stimed potential of the pricacion (NOTE Registrico Agentia gibitum requiert when rejinst unig) DATE FILE NOW!!! FEE IS \$150.00 -- --9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Derete TITLE ☐ Change Addition TITLE SCHROEDER, ALBERT J. MAME NAME STREET ADDRESS 1305 26TH AVENUE STREET ADDRESS CITY- 51-712 VERO BEACH FL CHY-ST ZIP VS. ☐ Change Addition TITLE Derete TIFLE SCHROEDER, MARY J. NAME MADIE STREET ADDRESS STREET ADDRESS 1305 26TH AVENUE VERO BEACH, FL 32960 OITY-S1-7/2 CHY-ST-2P 000000799024 ☐ Change MILLE De-ete THE Addition 01/30/08-80052-018 150.ng HAME NZME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change | Addition 1511 F De ete TITLE NAM: NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Derete ☐ Change Addition HILL 130 14: NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE MENT NAME STREET ADDRESS STREET ADDRESS CITY+S1-7/2 CHY ST-7P

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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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

The signature of the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of the same appears in Block 10 or Block 11 in the same appears in

12. Thereby 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