

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

01-28-2008 90044 023 ***150.00

DOCUMENT # 679435

1. Entity Name
CENTRAL PUMP & IRRIGATION, INC.



Principal Place of Business
**2318 EAST MAIN STREET
WAUCHULA FL 33873
US**

Mailing Address
**2318 EAST MAIN STREET
WAUCHULA FL 33873
US**

66001828



2. Principal Place of Business - Ho P.O. Box #
State, Apt. #, etc.

3. Mailing Address
State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
Zip Country

4. FEI Number **59-2006780**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHACKELFORD, LORA F.
159 SHACKELFORD ROAD
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]* DATE **2/23/08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HENDERSON, RONALD R. 159 SHACKELFOD ROAD WAUCHULA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST SHACKELFORD, LORA F. 159 SHACKELFORD ROAD WAUCHULA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SHACKELFORD, TERRY 159 SHACKELFORD ROAD WAUCHULA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 my address, with all other filer acknowledgments.

SIGNATURE: *[Signature]* - SEC-TREAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORA F. SHACKELFORD

DATE **2/27/08**