2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Wiar 22, 2004 08:00 A			
DOCUMENT # G27433			ATTEN SE		Seci	retary o	of State	
HOME AND COMMERCIAL IRRIGATION, INC.								
2625 W FAI	ce of Business RBANKS AVE RK, FL 32789	Mailing Address 2625 W FAIRBANKS AVE WINTER PARK, FL 32789						
			an area and	02252004	No Cha-P	CR2E034 (1		
C	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 59-227	ır	□ \$8.1	Applied For Not Applicable 75 Additional Required	
	6. Name and Address of Current R	egistered Agent			<u></u>	<u> </u>	1 - 1 - 1	
111 W GR	T, PATRICK M. REENTREE LANE RY, FL 32746		1		NOT W			
8. The above the obligation SIGNATURE.	e named entity submits this statement for stions of registered agent.				n, in the State of Flo		ar with, and accept	
, 	Signal Le Typed or printed name of registered agent ar	title if applicable	ed Agent signature required	when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550.0	S. Election Campaign Final Trust Fund Contribution		00 May Be ed to Fees				
16.	OFFICERS AND E	IRECTORS					· · · · · · · · · · · · · · · · · · ·	
THE NAME STREET AUDRESS OBY-ST-ZIP	PDTS RICHART, PATRICK M. 111 W GREENTREE LANE LAKE MARY, FL				U00000 03/22/04	093247 -80011-00	4 150.00	
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HUE NAME			IN THIS SPACE					
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12. I hereby certify that the information supplied with this filling 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 supplied nental 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 in 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 appears with all other five empowered.

SIGNATURE:

PIAME

SIPPEL ADURESS

CITY ST 21P

INTEL

NAME

SIREET ADURESS

CHY-ST 2IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04

407-628-2448

Daytime Phone #