2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2004 08:00 AM DOCUMENT # G57006 **Secretary of State** 1. Entity Name TROPICAL IRRIGATION, INC. Principal Place of Business Mailing Address 932 SHORE DRIVE 7535 GARDEN ROAD N PALM BCH, FL 33408 US SUITE 23-A RIVIERA BEACH FL 33404 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2320733 Not Applicable Zip 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 STARICK, ROBERT 932 SHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Change TITLE Delete TRILE STARICK, ROBERT MAME NAME 932 SHORE DRIVE STREET ADDRESS STREET ADDRESS U00000030111 <mark>04/04-80096-017_150.p</mark>80 __ Addition CITY-ST-ZIP NORTH PALM BEACH FL CITY - ST - ZIP ST Delete TEST TITLE STARICK, MARY P. NAME NAME STREET ADDRESS 932 SHORE DRIVE STREET ADDRESS NORTH PALM BEACH FL CITY-ST-ZIP CITY ST-782 ☐ Change Addition Delete TITLE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TIBLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEY-ST-ZP ☐ Change ☐ Addition ☐ Belete 1111 F HILE NAME NAME STREET ADDRESS STREET ADDRESS C37Y-ST-Z8P CITY - ST- ZIP ☐ Delete गाध ☐ Change ☐ Addition साह HANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 57 - 71P 12. I hereby certify that the information supplied with this filing 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 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 attachings, with an address, with all giver like empowered.

Robert Starick ROBERT STARICK 127/04

FILED