

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73026

FILED  
Jul 30, 2005  
Secretary of State

Entity Name: WEST COAST IRRIGATION, INC.

**Current Principal Place of Business:**

3216 15TH ST., E.  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

3216 15TH ST., E.  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 59-2364819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, MARY K.  
3216 15TH STREET, EAST  
BRADENTON, FL 34208 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: CAMPBELL, LARRY,  
Address: 3216 15TH ST. E.  
City-St-Zip: BRADENTON, FL

Title: ST ( ) Delete  
Name: CAMPBELL, MARY,  
Address: 3216 15TH ST. E.  
City-St-Zip: BRADENTON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARY K CAMPBELL

ST

07/30/2005

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

\_\_\_\_\_  
Date