

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90068 012 ***158.75

DOCUMENT # H71571

1. Entity Name
OMNI IRRIGATION, INC.



Principal Place of Business
**5008 W LINEBAUGH AVE
SUITE 55
TAMPA, FL 33624**

Mailing Address
**5008 W LINEBAUGH AVE
SUITE 55
TAMPA, FL 33624**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|---|
| 4. FEI Number 59-2563494 | Applied For <input type="checkbox"/> |
| | Not Applicable <input checked="" type="checkbox"/> |

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

6. Name and Address of Current Registered Agent

**MIRAGLIOTTA, JOHN
5008 W. LINEBAUGH AVE.
SUITE 55
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | DPT |
| NAME | MIRAGLIOTTA, JOHN |
| STREET ADDRESS | 6520 FITZGERALD RD |
| CITY-ST-ZIP | ODESSA, FL 33556 |

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| NAME | |
| STREET ADDRESS | |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an address, with all other like empowered.

SIGNATURE: *John Miragliotta* **John MIRAGLIOTTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06 **2/3/06** *(913) 9087691* **(913) 9087691**

Date Daytime Phone #