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### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/28/2004-90019-032-\$158.75-\$158.75


# FILED

04 AUG 16 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
34063319

**DOCUMENT # J00790**

1. Entity Name  
**R & D IRRIGATION, INC.**



Principal Place of Business      Mailing Address  
**13599-159TH STREET, N.**      **13599-159TH STREET, N.**  
**JUPITER, FL 33478**      **JUPITER, FL 33478**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

07-28-04 90019 032 \$158.75  
 07232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ROCKWOOD, AURA I**  
**13599 159TH ST. N.**  
**JUPITER, FL 33478**

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 *Aura Isabel Rockwood, Director*      DATE 7/26/04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROCKWOOD, AURA I</b> <b>13599 159TH ST. N.</b> <b>JUPITER, FL 33478</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. Director</b> <b>Rockwood Richard T.</b> <b>13599 159th St. North</b> <b>Jupiter, FL 33478</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Rockwood, Aura I.</b> <b>13599 159th St. North</b> <b>Jupiter, FL 33478</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE *Aura Isabel Rockwood, Director*      DATE 7/26/04      (561)262-0316

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

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# BLAKISTON, CPA

HENRY Y. BLAKISTON, P.A.  
1001 N. U.S. HIGHWAY ONE  
SUITE 600  
JUPITER, FLORIDA 33477  
561-744-6500, fax 561-747-0094

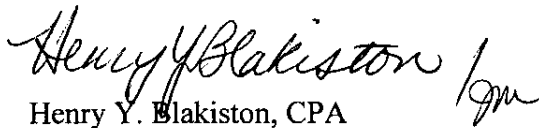
August 9, 2004

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: R&D Irrigation, Inc., J00790

The above-referenced corporation received a notice from your office stating they owed an additional \$391.25 for late-filing (see attached), however, the taxpayer disagrees with your assessment. An owner, Lisa Rockwood, received the "intent to dissolve postcard," but did not receive the original postcard earlier in the year. After receiving the late notice, she went online with the intention of filing online but her computer froze up when she went to enter the information. For this reason, she downloaded the preprinted form to sign and mail in. When this happened, she inadvertently printed the wrong form and signed and mailed the form for "late filing" instead of the form marked for non-receipt of original. At that time, she also mailed in a check for \$158.75 for the annual fee and certificate of status. We respectfully request that you waive the late fee due and file her original report (copy attached). Please advise if you have any questions or need any additional information.

Very truly yours,

  
Henry Y. Blakiston, CPA

HYB/jm