

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 004 ***150.00

DOCUMENT # J04733

1. Entity Name

ACUFF IRRIGATION COMPANY



Principal Place of Business

807 MAIN ST
CHIPLEY FL 32428
US

Mailing Address

P O BOX 207
CHIPLEY FL 32428
US

2. Principal Place of Business

2012 Steverson Road

3. Mailing Address

P. O. Box 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonifay, FL

City & State

Bonifay, FL

Zip

32425

Country

U.S.A.

Zip

32425

Country

U.S.A.

4. FEI Number

59-2783963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

ACUFF, WILLIAM P.
1320 TIMBERIDGE LOOP N.
LAKELAND FL 33805

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV ☒ Delete
NAME ACUFF, WILLIAM T.
STREET ADDRESS 841 ROCK HILL CHURCH RD
CITY-ST-ZIP COTTONDALE FL

TITLE DST ☐ Delete
NAME ACUFF, JUDY
STREET ADDRESS 2012 STEVERSON RD
CITY-ST-ZIP BONIFAY FL 32425

TITLE D ☒ Delete
NAME ACUFF, BETTY J.
STREET ADDRESS 841 ROCK HILL CHURCH RD
CITY-ST-ZIP COTTONDALE FL

TITLE CDP ☐ Delete
NAME ACUFF, LAWRENCE M
STREET ADDRESS 2012 STEVERSON RD
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Acuff, William P.
STREET ADDRESS 1320 Timberidge Loop N.
CITY-ST-ZIP Lakeland, FL 33805

TITLE D ☐ Change ☒ Addition
NAME Acuff, Frank
STREET ADDRESS 650 Corbin Rd.
CITY-ST-ZIP Chipley, FL 32428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lawrence M. Acuff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

850-547-9955

Daytime Phone #