

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90198 018 \*\*\*150.00

**DOCUMENT # J67479**

1. Entity Name  
**IRRIGATION INCORPORATED**



Principal Place of Business  
**5301 FULWOOD DR  
PLANT CITY, FL 33565 US**

Mailing Address  
**5301 FULWOOD DR  
PLANT CITY, FL 33565 US**

**24070883**



2. Principal Place of Business  
**5101 BOOTH ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**5101 BOOTH ROAD**  
Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State  
**PLANT CITY, FL**  
Zip **33565** Country **US**

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**PLANT CITY, FL**  
Zip **33565** Country **US**

4. FEI Number  
**59-2807318**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BASS, DAVID W.  
5301 FULWOOD DRIVE  
PLANT CITY, FL 33565**

7. Name and Address of New Registered Agent

Name  
**BASS, DAVID W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5101 BOOTH ROAD**  
City **PLANT CITY** FL **33565**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]* **DAVID BASS**  
NOTE: Registered Agent signature required when registering.

*[Signature]* **4/30/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BASS, DAVID</b>	
STREET ADDRESS	<b>5301 FULWOOD DR</b>	
CITY-ST-ZIP	<b>PLANT CITY, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

*[Signature]* **DAVID BASS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **4/30/04** **94342643**  
DATE Daytime Phone #