2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2004 08:00 AM Secretary of State DOCUMENT # K16592 1. Entity Name CARE-FREE IRRIGATION, INC. Principal Place of Business Mailing Address 2258 CAMERON LANE 2258 CAMERON LANE SARASOTA, FL 34231 SARASOTA, FL 34231 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0034188 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent MANN, RONNY D. DO NOT WRITE 2258 CAMERON LANE SARASOTA, FL 34231 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 tale if applicable. (NOTE: Registered Agent signature required when remetating) CATE U00000106839 \$5.00 May Be Added to Fees 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 04/08/04-80033-001 150.00 OFFICERS AND DIRECTORS 10. TITLE MANN, RONNY D. NAME 2258 CAMERON LANE STREET ADDRESS CTTY-ST-ZIP SARASOTA, FL BBF NAME. STREET ADDRESS CITY-ST-ZP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAKE STREET ADDRESS CITY-ST-7IP MALE STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP

MONATURE AND TYPED OR SPINITED NAME OF SIGNING OFFICER OR DIRECTOR