, 2005 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 21, 2005 08:00 AM Secretary of State **DOCUMENT # K62308** 1. Entity Name S & S IRRIGATION, INC. Principal Place of Business Mailing Address 127 NORTH 5TH AVENUE 127 NORTH 5TH AVENUE US WAUCHULA, FL 33873 WAUCHULA, FL 33873 01122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2929730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent STONE, SHERRICK N. DO NOT WRITE 127 NORTH 5TH AVENUE WAUCHULA, FL 33873 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000188363 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 01/24/05-80051-019 150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE STONE, SHERRICK N. NAME STREET ADDRESS 127 N 5TH AVE WAUCHULA, FL CITY-ST-ZIP NAME STREET ADDRESS C!TY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 a practices, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

1-11-04

863-773-6255