


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90409 025 \*\*\*150.00

<b>DOCUMENT # K62308</b>			
1. Entity Name S & S IRRIGATION, INC.			
Principal Place of Business 127 NORTH 5TH AVENUE WAUCHULA, FL 33873 US		Mailing Address 127 NORTH 5TH AVENUE WAUCHULA, FL 33873 US	
2. Principal Place of Business 127 N. George Burris Ave Suite, Apt. #, etc.		3. Mailing Address 127 N. George Burris Ave Suite, Apt. #, etc.	
City & State Wauchula FL		City & State Wauchula FL	
Zip 33873	Country USA	Zip 33873	Country USA
6. Name and Address of Current Registered Agent STONE, SHERRICK N. 127 NORTH 5TH AVENUE WAUCHULA, FL 33873		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STONE, SHERRICK N., 127 N 5TH AVE WAUCHULA, FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>X Sherrick Stone</i>		Date: <i>2-22-06</i>	Daytime Phone #: <i>863-773-6255</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

400000



02222006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2929730 Applied For Not Applicable

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