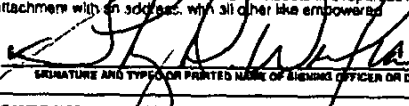


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90205 009 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M79727			
1. Entity Name COLLIER IRRIGATION SERVICE, INC.			
Principal Place of Business 3522 PLOVER AVENUE NAPLES, FL 34117 US		Mailing Address 3522 PLOVER AVENUE NAPLES, FL 34117 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0053996		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent WILLIAMSON, ROBERT L. 5675 18TH AVENUE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5675 Cedartree Lane 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 this is applicable. (NOTE: Registered Agent signature required when not in person.) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMSON, ROBERT L. 5675 CEDARTREE LN NAPLES, FL 34116 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILLIAMSON, SHERRY D. 5675 CEDARTREE LN NAPLES, FL 34116 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, ROBERT E 5675 CEDARTREE LN NAPLES, FL 34116 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, DANIEL J 5675 CEDARTREE LN NAPLES, FL 34116 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, 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: 		4/27/05 (239) 455-5098	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date: Daytime Phone #	
SHERRY D. WILLIAMSON, Vice President			