

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90057 034 ***150.00

DOCUMENT # P00000027587

1. Entity Name

SOUTHERN TROPICS IRRIGATION, INC.



Principal Place of Business

8691 SE EAGLE AVE
HOBE SOUND FL 33455

Mailing Address

8691 SE EAGLE AVE
HOBE SOUND FL 33455

2. Principal Place of Business

8776 SE Alabama Place

Suite, Apt. #, etc.

3. Mailing Address

8776 SE Alabama Place

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hobe Sound FL

Zip
33455

Country
USA

City & State

Hobe Sound FL

Zip
33455

Country
USA

4. FEI Number

65-0993579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, PHIL
8691 S.E. EAGLE AVE.
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Stephenson, Phil

Street Address (P.O. Box Number is Not Acceptable)

8776 SE Alabama Place

City

Hobe Sound

FL

Zip Code

33455

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]

Phil Stephenson

2-9-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME STEPHENSON, PHIL
STREET ADDRESS 8691 S.E. EAGLE AVE.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Delete
NAME JONES, PHILLIP D
STREET ADDRESS 4187 SE HARMONY WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☒ Delete
NAME BOYER, TIMOTHY L
STREET ADDRESS 9465 SE SUNRISE WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME James A. Budensrek
STREET ADDRESS 8967 SE Pine Cone Lane
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

[Signature] Phil Stephenson

2-9-04

(772) 546-3065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #