

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000027587

1. Entity Name

SOUTHERN TROPICS IRRIGATION, INC.



Principal Place of Business

8776 SE ALABAMA PLACE  
HOBE SOUND FL 33455

Mailing Address

8776-SE-ALABAMA-PLACE  
HOBE-SOUND-FL-33455

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Po Box 1904

Suite, Apt. #, etc.

City & State

Hobe Sound, FLORIDA

Zip

33475

Country

U.S.

REINSTATEMENT 2005

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  
8776 SE ALABAMA PLACE  
HOBE SOUND FL 33455

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

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, 2005 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 BUDENSREK, JAMES A  
STREET ADDRESS 8967 SE PINE CONE LANE  
CITY- ST- ZIP HOBE SOUND FL 33455

TITLE VP ☐ Delete  
NAME ~~ERIC A.~~ HEISHMAN, ERIC A.  
STREET ADDRESS 1841 SW LEAFY RD  
CITY- ST- ZIP PORT St. Lucie, FL 34953

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600061744316  
CITY- ST- ZIP 01/19/06--01011--012 \*\*208.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600061744316  
CITY- ST- ZIP 11/29/05--01012--026 \*\*550.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHIL W. STEPHENSON PRESIDENT

Date

Daytime Phone #

3065

FILED

05 DEC 21 PM 5:20

