2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# P01000001619

Entity Name: SHAFFER'S IRRIGATION, INC.

Current Principal Place of Business:

21202 OLEAN BLVD.
BLDG. D, UNIT #4
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 496383
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-1078745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAFFER, KATHY A
23299 GARRISON AVE.
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: SHAFFER, KATHY A
Address: 23299 GARRISON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: DP ( ) Delete
Name: SHAFFER, WILLIAM L JR.
Address: 23299 GARRISON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: DVP ( ) Delete
Name: SHAFFER, WILLIAM L III
Address: 18520 KULDIN AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY A. SHAFFER DS 03/31/2008

Electronic Signature of Signing Officer or Director — Date