

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90051 037 \*\*\*158.75

DOCUMENT # P01000030736			
1. Entity Name DOLPHIN IRRIGATION, INC.			
Principal Place of Business 694 OTTERSPOOL LANE JACKSONVILLE, FL 32225		Mailing Address PO BOX 16952 JACKSONVILLE, FL 32245-6952	
2. Principal Place of Business 14618 HADLEY CT.		3. Mailing Address 14618 HADLEY CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE FL.		City & State JACKSONVILLE FL.	
4. FEI Number 59-3713239		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BURKETT, LARRY 694 OTTERSPOOL LANE JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name BURKETT, LARRY Street Address (P.O. Box Number is Not Acceptable) 14618 HADLEY CT. City JACKSONVILLE FL Zip Code 32218	
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  DATE 12 FEB 05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST BURKETT, LARRY 694 OTTERSPOOL LANE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BURKETT, LARRY 14618 HADLEY CT. JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 12 FEB 05 (904) 757-8979	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	