

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000059083

1. Entity Name
TSUBAKI IRRIGATION, INC.



Principal Place of Business
3310 POLLOCK LANE
ZEPHYRHILLS, FL 33541

Mailing Address
3310 POLLOCK LANE
ZEPHYRHILLS, FL 33541



01182006 No Chg-P CRZE034 (1/1/05)

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4. FEI Number
59-3735987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DON T
3310 POLLOCK LANE
ZEPHYRHILLS, FL 33541

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000429518
02/22/06-80011-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SMITH, DON T
3310 POLLOCK LANE
ZEPHYRHILLS, FL 33541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
SMITH, COLLEEN
3310 POLLOCK LANE
ZEPHYRHILLS, FL 33541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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JAN 30 2006

IRSOGDEN, UTAH

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Don T. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06

Date

813-788-9536

Daytime Phone #