


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91214 016 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P02000018635 1. Entity Name PERFECTION IRRIGATION, INC. | | | |  | |
| Principal Place of Business 3624 SW 7TH PL. CAPE CORAL, FL 33914 | | | Mailing Address 3624 SW 7TH PL. CAPE CORAL, FL 33914 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 01-0612279 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GAGLIARDI, JOSEPHINE 3624 SW 7TH PL FT. MYERS, FL 33919 | | | Name ALEXANDER SANTANA Street Address (P.O. Box Number is Not Acceptable) 944 SW 6th AVE City CAPE CORAL FL Zip Code 33991 | | |
| 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 <u><i>Alex Santana VP</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4/28/04</i></u> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | P SANTANA, MIGUEL ANGEL 3624 SW 7TH PL. CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SANTANA, MARIA G 3624 SW 7TH PL. CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SANTANA, ALEXANDER 3624 SW 7TH PL CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete <input 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: <u><i>Miguel Santana</i></u> <u><i>Miguel Santana</i></u> <u><i>4/28/04</i></u> <u><i>239-229-4656</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> | | | | | |