

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0612279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTANA, ALEXANDER
944 SW 6TH AVE.
CAPE CORAL, FL 33991

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SANTANA, MIGUEL ANGEL
STREET ADDRESS 3624 SW 7TH PL.
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ST
NAME SANTANA, MARIA G
STREET ADDRESS 3624 SW 7TH PL.
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE V
NAME SANTANA, ALEXANDER
STREET ADDRESS 3624 SW 7TH PL.
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

U000000343672
04/29/05-80106-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARIA SANTANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 239-772-3777

Date Daytime Phone #