2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066634

Entity Name: HIGHFIELD IRRIGATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2979 COOL BREEZE CIRCLE 12039 NARCOOSSEE RD. ST. CLOUD, FL 34769 ORLANDO, FL 32832

Current Mailing Address: New Mailing Address:

2979 COOL BREEZE CIRCLE 12039 NARCOOSSEE RD. ORLANDO, FL 32832 ST. CLOUD, FL 34769

FEI Number: 74-3049356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HIGHFIELD, GEOFFREY HIGHFIELD, GEOFFREY 2979 COOL BREEZE CIRCLE 12039 NARCOOSSEE RD. SAINT CLOUD, FL 34769 ORLANDO, FL 32832

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: GEOFFREY HIGHFIELD 04/30/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ST. CLOUD, FL 34769

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title: HIGHFIELD, GEOFFREY HIGHFIELD, GEOFFREY Name: Name: 2979 COOL BREEZE CIRCLE Address:

Address: 12039 NARCOOSSEE RD. City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEOFFREY HIGHFIELD **PSTD** 04/30/2004

Electronic Signature of Signing Officer or Director

Date