

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91893 007 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000066634
1. Entity Name HIGHFIELD IRRIGATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2979 COOL BREEZE CIRCLE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ST CLOUD, FL		City & State	
Zip 34769	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3049356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GEOFFREY HIGHFIELD	
Street Address (P.O. Box Number is Not Acceptable) 2979 COOL BREEZE CIRCLE	
City ST CLOUD	Zip Code 34769

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D GEOFFREY HIGHFIELD 2979 COOL BREEZE CIRCLE ST CLOUD FL 34769			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

321-624-2007