

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068318

**FILED**  
**Aug 30, 2006**  
**Secretary of State**

**Entity Name:** SUREFLOW IRRIGATION, INC.

**Current Principal Place of Business:**

733 PINE CONE LN  
NAPLES, FL 34104

**New Principal Place of Business:**

980 13TH ST SW  
NAPLES, FL 34117

**Current Mailing Address:**

4001 SANTA BARBARA BLVD #177  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 01-0704900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WORKMAN, CHRISTOPHER M  
4001 SANTA BARBARA BLVD #177  
NAPLES, FL 34104 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WORKMAN, CHRISTOPHER M  
Address: 4001 SANTA BARBARA BLVD #177  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHRISTOPHER M WORKMAN

D

08/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date