


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90073 041 ***158.75

DOCUMENT # P03000026871	
1. Entity Name SHIPWATCH IRRIGATION, INC.	

Principal Place of Business 612 HWY 98 E DESTIN FL 32541	Mailing Address 612 HWY 98 E DESTIN FL 32541
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 17848 Suite, Apt. #, etc.
City & State	City & State Tampa, FL 33682
Zip 33682	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 02-0682695		Applied For <input type="checkbox"/> Not Applicable												
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required														
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2" rowspan="3"> SMITH, SLOAN 612 HWY. 98 EAST DESTIN FL 32541 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City FL</td> <td>Zip Code</td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		SMITH, SLOAN 612 HWY. 98 EAST DESTIN FL 32541		Name		Street Address (P.O. Box Number is Not Acceptable)		City FL	Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent												
SMITH, SLOAN 612 HWY. 98 EAST DESTIN FL 32541		Name												
		Street Address (P.O. Box Number is Not Acceptable)												
		City FL	Zip Code											

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EUGENE 612 HWY 98 E DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 supplementary 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:  **Eugene P. Smith** **Director** Date **3/5/04** (850) 654-1933 Daytime Phone #