2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P03000039586

1. Entity Name
QUALITY IRRIGATION & SERVICES, INC.

Principal Place of Business	Mailing Address
19645 N COUNTY RD 349 O'BRIEN, FL 32071	P.O. BOX 97 O'BRIEN, FL 32071

DO NOT WRITE IN THIS SPACE

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1656740
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REEVE, HARRY (TRAE) P III
19645 N COUNTY RD 349
O'BRIEN, FL 32071

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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] (DOPS) [signature] DATE

(If changing registered office/registered agent, this must be signed by new registered agent and may not be signed by prior registered agent. NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000733377
05/09/07-80082-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REEVE, HARRY (TRAE) P III
STREET ADDRESS	19645 N COUNTY RD 349
CITY-ST-ZIP	O'BRIEN, FL 32071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] HARRY P. (TRAE) REEVE III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-23-07 Daytime Phone # 386-435-2626