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Secretary of State
04-15-2005 90101 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075065

1. Entity Name
C&T IRRIGATION INC.

Principal Place of Business	Mailing Address
4995 N. COCOA BLVD. COCOA, FL 32927	P.O BOX 2257 TITUSVILLE, FL 32781

DO NOT WRITE IN THIS SPACE

04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
83-0363481
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GATLIN, CHARLES B JR
~~530 BELLA VISTA DR.~~ [redacted]
~~TITUSVILLE, FL 32781~~
2200 Rudge dr. Titusville FL 32754

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GATLIN, CHARLES B JR
STREET ADDRESS	~~530 BELLA VISTA DR.~~
CITY-ST-ZIP	~~TITUSVILLE, FL 32780~~
	2200 Rudge dr. Titusville FL 32754
	P.O Box 2257 Titusville FL 32781
TITLE	VP
NAME	GATLIN, TOMMY
STREET ADDRESS	~~3465 BURKHOLM RD.~~
CITY-ST-ZIP	~~MIMS, FL 32754~~
	3464 Maser Av. Mims FL 32754
	P.O Box 2257 Titusville FL 32781
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	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C Gatlin 4-8-05 321-403-9981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #