

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90057 050 \*\*\*150.00

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MOORE CR2E034 (11/03)

|   |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|---------------------|---|--|--|--|-------|---|---------------------------------|------|-----------------|--|----------------|---------------------|--|-------------|----------------|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # F03000097219</b><br>1. Entity Name<br><b>MC IRRIGATION, INC.</b>  |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>6610 S.W. STATE ROAD 200<br/>OCALA FL 34476</b>   |                     |   | Mailing Address<br><b>6610 S.W. STATE ROAD 200<br/>OCALA FL 34476</b>  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                     | 3. Mailing Address<br>Suite, Apt. #, etc.                         |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State  |                     | City & State  |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip   |                     | Country   |  | 4. FEI Number<br><b>90-020978</b>                        |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                     |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>CRANFIELD, MARK<br/>6610 S.W. STATE ROAD 200<br/>OCALA FL 34476</b>   |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>   |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! - FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State   |                     |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CRANFIELD, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6610 STATE ROAD 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA FL 34476</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                     |   |  |  |  | TITLE | P | <input type="checkbox"/> Delete | NAME | CRANFIELD, MARK |  | STREET ADDRESS | 6610 STATE ROAD 200 |  | CITY-ST-ZIP | OCALA FL 34476 |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | P                   | <input type="checkbox"/> Delete                                   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | CRANFIELD, MARK     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 6610 STATE ROAD 200 |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | OCALA FL 34476      |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                     |   |  |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| VP<br>CRANFIELD, LOUISE<br>6610 STATE ROAD 200<br>OCALA FL 34476  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| SEC<br>CRANFIELD, LOUISE<br>6610 STATE ROAD 200<br>OCALA FL 34476   |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TREA<br>CRANFIELD, LOUISE<br>6610 STATE ROAD 200<br>OCALA FL 34476  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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: <u><i>Loise Cranfield</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                     |   |  | Date: <u>3-2-04</u> Daytime Phone #: <u>352-873-1317</u> |  |       |   |                                 |      |                 |  |                |                     |  |             |                |  |       |  |   |      |  |  |                |  |  |             |  |  |