

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90398 020 ***150.00

DOCUMENT # P03000111515 1. Entity Name H2O IRRIGATION CORP.	
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Principal Place of Business 712 MALTBY DRIVE DELTONA, FL 32738	Mailing Address 712 MALTBY DRIVE DELTONA, FL 32738
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DO NOT WRITE IN THIS SPACE

40001000



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0529829	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEVORE, ROSA L 2428 SOUTH MAPLE AVENUE SANFORD, FL 32771	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAFKA, STEPHEN P 712 MALTBY DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTLIEB, SUMMER K 712 MALTBY DRIVE DELTONA, FL 32738
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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 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: Stephen Kafka 4-25-07 366-574-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #