2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/18/2004-90041-047-$150.00-$150.00

DOCUMENT # P03000134270

1. Entity Name

TOM WIGNALL IRRIGATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -7 PM 3:35

Principal Place of Business	Mailing Address
5860 SEA GRASS LN NAPLES FL 34116	5860 SEA GRASS LN NAPLES FL 34116

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
5860 SEA GRASS LANE	SAM
Suite, Apt. #, etc.	Suite, Apt. #, etc. S
City & State: NAPLES FL.	City & State: Same
Zip: 34116 Country: USA	Zip: Same Country

4. FEI Number: 86-1085626 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIGNALL, TOM
5860 SEA GRASS LN
NAPLES FL 34116

7. Name and Address of New Registered Agent

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 _____ 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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOM WIGNALL ☐ Delete PRESIDENT 5860 SEAGRASS LANE, NAPLES, FL 34116	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY - SANDRA WIGNALL ☐ Delete 5860 SEA GRASS LANE NAPLES, FL 34116	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - TOM WIGNALL ☐ Delete 5860 SEA GRASS LANE NAPLES, FL 34116	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S - SANDRA WIGNALL ☐ Delete 5860 SEA GRASS LANE NAPLES, FL 34116	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Tom Wignall TOM WIGNALL 3/15/04 239-352-6562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/7 00