

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000144235

1. Entry Name  
WEST PASCO IRRIGATION, INC.



Principal Place of Business  
8519 WINTER HAVEN DRIVE  
HUDSON, FL 34667-4147

Mailing Address  
8519 WINTER HAVEN DRIVE  
HUDSON, FL 34667-4147

FILED  
08 DEC 11 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
9735 LAMANTIA DR  
Suite, Apt. #, etc.  
Port Richey, FL  
City & State

3. Mailing Address  
9735 LAMANTIA DR  
Suite, Apt. #, etc.  
Port Richey, FL  
City & State

11182008 REIN-P CR2E098 (1/07)

4. FEI Number  
30-4620962

Applied For  
Not Applicable

Zip  
34668

Country  
FL

Zip  
34668

Country  
FL

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

6. Name and Address of Current Registered Agent

HALE, FRED H  
5650 PARK BLVD.  
STE 1  
PINELLAS PARK, FL 33781-3354

*Fred H HALE*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-5-08

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D LEEVER, JAMES A	8519 WINTER HAVEN DRIVE	HUDSON, FL 34667-4147	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008

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:

*Fred H HALE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

12-5-08