

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90041 042 ***150.00

20006233



03122007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000145095 1. Entity Name FLORIDA WIDE IRRIGATION, INC.																							
Principal Place of Business 1139 NW 8TH STREET BOCA RATON, FL 33486			Mailing Address P.O. BOX 51496 LIGHTHOUSE POINT, FL 33074																				
2. Principal Place of Business - No. P.O. Box # 2600 HAMMONVILLE RD Suite, Apt. #, etc. # 41		3. Mailing Address SAME as ABOVE Suite, Apt. #, etc.																					
City & State Pompano FLORIDA		City & State		4. FEI Number 56-2421150																			
Zip 33069		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent TAYLOR, STEVEN 1139 NW 8TH STREET BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name TAYLOR, STEVEN Street Address (P.O. Box Number is Not Acceptable) 7807 GOLF CIRCLE DRIVE APT 304 MARGATE City FL Zip Code 33063-7365																				
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: STEVEN TAYLOR CEOP. DATE: 3-11-07																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;">CEOP TAYLOR, STEVEN C</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 51496</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIGHTHOUSE POINT, FL 33074</td> <td></td> </tr> </table>			TITLE NAME	CEOP TAYLOR, STEVEN C	<input type="checkbox"/> Delete	STREET ADDRESS	P.O. BOX 51496		CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33074		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME	CEOP TAYLOR, STEVEN C	<input type="checkbox"/> Delete																					
STREET ADDRESS	P.O. BOX 51496																						
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33074																						
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							

SIGNATURE: STEVEN TAYLOR 3-11-07 954 781 6966