2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State 03-14-2007 90041 042 ***150.00

DOCUMENT # P03000145095 1. Entity Name FLORIDA WIDE IRRIGATION, INC.					03-14-2007 90041 042 *** 130.00				
Principal Place 1139 NW 8T BOCA RATON	H STREET	Mailing Address P.O. BOX 51496 LIGHTHOUSE POINT, FL 33074			20006233				
2. Principal Place of Business - No PO Box # 2600 HAMMONVICLE Rd Suite, Apt. #, etc. # 41		3. Mailing Address Same as AGO Suite, Apt. #, etc.		re	03122007	Chg-P	CR2E034 (12/06)		
POMORNO FLORIDA		City & State			4. FEI Number 56-2421	150			plied For t Applicable
<i>3</i> 306		Zip	Country	/	5. Certificate of		Fe	B.75 Addiee Required	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent Name TAYLOR, STEVEN						
TAYLOR, STEVEN 1139 NW 8TH STREET						is Not Acceptable	·)		- 201
BOCA RAT	FON, FL 33486				CATE	·	PRIVE	1.400	304
				City	,,,		FL	Zip Code	3 -7365
8. The above named entity submits this statement for the purpose of changing its registered office or registered gent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or protect name of registered again and title it applicable (NOTE Registered Against Maquired when rainstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution									
10.	OFFICERS AND D	DIRECTORS Delete	11.		ADDITIONS/C	HANGES TO OFF		IRECTORS Change	N 11
NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, STEVEN C P.O. BOX 51496 LIGHTHOUSE POINT, FL 33074	C Delete	3MAK.	ADDRESS 1-ZIP			L	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. S		TITLE NAME STREET CITY-S	ADDRESS T-ZIP			C	Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET OITY - S	ADDRESS i-ZIP			Ĺ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY+S	ADDRESS T-ZIP			C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS F-ZIP				_ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	CITY+S					_ Change	Addition
12. I hereby c	certify that the information supplied with	this filing does not qualify for	the exem	nptions contained	in Chapter 119,	Florida Statutes, I	further certify	that the in	formation

discrete 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 fustee 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: _

341.67

9547816966 Daylume Phone *