2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P03000154837



FILED Apr 22, 2004 8:00 am

1. Entity Name				Secretary of State
FLEMING ISLAND IRRIGATION, INC.				04-22-2004 90059 011 ***150.00
Principal Place of Business		Mailing Address		
3441 MITZ ROAD GREEN COVE SPRINGS FL 32043		3441 MITZ ROAD GREEN COVE SPRINGS FL 32043		~ -
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 20 - 0515956 Applied For Not Applicable
Zìp	Country	Zip .	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
OWENSBY, MICHAEL H			Name Street Addre	ess (P.O. Box Number is Not Acceptable)
GREEN COVE SPRINGS FL 32043			The second secon	
			City	Zip Code
8. The above the obliga	e named entity submits this statement titions of registered agent.	or the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOTI	E: Registered Agent signature rec	نني DATE
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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS ANI	DIRECTORS /	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST OWENSBY, MICHAEL H 3441 MITZ ROAD GREEN COVE SPRINGS FL 3204	Delete 3	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
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	· 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.

CITY-ST-ZIP

CITY-ST-ZIP