

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90044 047 \*\*\*150.00

**DOCUMENT # P04000005164**

1. Entity Name

GARVEY IRRIGATION, INC.



Principal Place of Business

1395 BRICKTON RD  
MOLINO FL 32577  
US

Mailing Address

P O BOX 250  
MOLINO FL 32577  
US



2. Principal Place of Business - No P.O. Box #

1395 BRICKTON RD.

3. Mailing Address

P.O. Box 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

MOLINO, FL

City & State

MOLINO, FL

4. FEI Number

20-0554159

Applied For

Not Applicable

Zip

32577

Country

U.S.A.

Zip

32577

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARVEY, PATRICK F  
1031 WOODBURY PL  
CANTONMENT FL 32533

OH)

NEW  
ADDRESS

7. Name and Address of New Registered Agent

Name PATRICK F. GARVEY

Street Address (P.O. Box Number is Not Acceptable)

1395 BRICKTON RD

MOLINO, FL

City

FL

Zip Code 32577

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

*Patrick F. Garvey*

PATRICK F. GARVEY PRESIDENT

03-03-08

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

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

TITLE	P/D	<input type="checkbox"/> Delete
NAME	GARVEY, PATRICK F	
STREET ADDRESS	1395 BRICKTON RD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	ST/D	<input type="checkbox"/> Delete
NAME	GARVEY, JEANNINE D	
STREET ADDRESS	1395 BRICKTON RD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Patrick F. Garvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK F. GARVEY PRESIDENT 03/03/08

Date

Daytime Phone

CELLPHONE

850) 516-0364