## 2006 FOR PROFIT CORPORATION

## Feb 03, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P04000023251 BLB IRRIGATION, INC. Principal Place of Business Mailing Address 220 CLEAR BROOK NE 220 CLEAR BROOK NE PALM BAY, FL 32907 PALM BAY, FL 32907 01182006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3784991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ... Fee Required 6. Name and Address of Current Registered Agent BARTUSEK, BRUCE DO NOT WRITE 220 CLEAR BROOK TERRACE NE PALM BAY, FL 32907 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BARTUSEK, BRUCE NAME STREET ADDRESS 220 CLEAR BROOK TERRACE NE //0000420029 02/15/06-80032-001 150.00 CATY-ST-ZIP PALM BAY, FL 32907 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP BIRE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 execute this name appears with all other like empowered.

SITLE NAME STREET ADDRESS

RESIDEN

FILED