2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000086342

1. Entity Name
FARMER'S IRRIGATION, INC.

qUU71U3r

01252008   Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
300 TWO OAKS DR. EDGEWATER, FL 32141 US	P.O. BOX 1300 EDGEWATER, FL 32132-1300 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
436 Warren Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State New Smyrna Beach	City & State
Zip 32168 Country USA	Zip Country

4. FEI Number
20-1189888   Applied For ☐   Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARMER, ROBBIE J 300 TWO OAKS DR. EDGEWATER, FL 32141	Name Farmer, Robbie J. Street Address (P.O. Box Number is Not Acceptable) 436 Warren Avenue City New Smyrna Beach FL FL Zip Code 32168

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	☐ Delete	TITLE	PST	☒ Change ☐ Addition
NAME	FARMER, ROBBIE J		NAME	Farmer, Robbie J.	
STREET ADDRESS	300 TWO OAKS DR.		STREET ADDRESS	436 Warren Avenue	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: ✓ _____   4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #