


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P05000048037 1. Entity Name JOE'S IRRIGATION, INC. |  |
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| Principal Place of Business 23412 COUNTY ROAD 44A EUSTIS, FL 32736 | Mailing Address 23412 COUNTY ROAD 44A EUSTIS, FL 32736 US |
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01032008 No Chg-P CR2E034 (11/05)

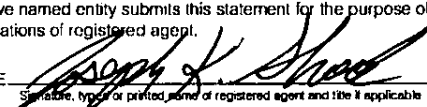
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| 4. FEI Number 20-2546762 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SHOOK, JOSEPH 23412 COUNTY ROAD 44A EUSTIS, FL 32736 |
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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:  DATE: 1/3/08

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

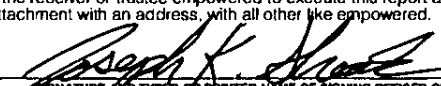
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHOOK, JOSEPH 23412 COUNTY ROAD 44A EUSTIS, FL 32736 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SHOOK, SUSAN 23412 COUNTY ROAD 44A EUSTIS, FL 32736 |
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01/08/08-80013-002 150.00

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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:  DATE: 1/3/08 DAYTIME PHONE: (352) 217-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR