

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000064093

1. Entity Name
IRRIGATION DOCTOR, INC.



Principal Place of Business
406 SAN MIGUEL AVENUE
NORTH PORT, FL 33428-7 US

Mailing Address
406 SAN MIGUEL AVENUE
NORTH PORT, FL 33428-7 US



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2764384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VLAHOVIC, RADOSLAV
406 SAN MIGUEL AVENUE
NORTH PORT, FL 34287

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME VLAHOVIC, RADOSLAV
STREET ADDRESS 406 SAN MIGUEL AVENUE
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE VP
NAME MOYA, IVAN
STREET ADDRESS 406 SAN MIGUEL AVENUE
CITY-ST-ZIP NORTH PORT, FL 34287

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U00000753598
05/22/07-80027-002 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/07

Date

Daytime Phone #