

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000146909 <small>1. Entity Name</small> REDLAND IRRIGATION, INC.						FILED 08 SEP 25 PM 4: 22 CLERK OF STATE TALLAHASSEE, FLORIDA 	
<small>Principal Place of Business</small> 29191 SW 177TH AVENUE HOMESTEAD, FL 33030 US				<small>Mailing Address</small> 29191 SW 177TH AVENUE HOMESTEAD, FL 33030 US			
<small>2. Principal Place of Business - No P.O. Box #</small> Suite, Apt. #, etc.				<small>3. Mailing Address</small> Suite, Apt. #, etc.			
<small>City & State</small>				<small>City & State</small>			
<small>Zip</small>		<small>Country</small>		<small>Zip</small>		<small>Country</small>	
<small>6. Name and Address of Current Registered Agent</small> PARRISH, OLGA V 29191 SW 177TH AVENUE HOMESTEAD, FL 33030				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
<small>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.</small> SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008				<small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PRES MADRIGAL, RUBEN 30000 SW 147 AVENUE HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<div style="text-align: center;"> 100136385221 09/26/08--01042--008 **550.00 <i>\$79/25</i> </div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VP PARRISH, OLGA V 30000 SW 147 AVENUE HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	TREA BOGGESE, JAQUELINE A 16721 SW 298 TERRACE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	SECR BOGGESE, CLIFTON C 16721 SW 298 TERRACE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: *Olga V. Parrish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/08

Date

786-229-8489

Daytime Phone #