2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 AM Secretary of State

	# P93000034014	
DOCOMENT	#1 93000034014	
1. Entity Name		

JEFF RILEY IRRIGATION CORPORATION

Principal Place of Business

5202 N POEL RD PLANT CITY, FL 33565 Mailing Address

P.O. BOX 353 SEFFNER, FL 33583



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 01082008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, JEFFERY A 5202 POEL RD., N PLANT CITY, FL

DO NOT WRITE IN THIS SPACE

PLANT CIT	ΓY, FĹ			IN 7	THIS SPACE
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	l office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	stequired when reinstating)	DAIF
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, JEFFERY A 5202 POEL RD., N PLANT CITY, FL 33595				000000808099 02/07/08-80035-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			
HITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					D. Florida Statutas I further equity that the information

12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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.

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SI	Gľ	VΔ	LT I	ΙR	F.

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

1-29-08

813-986-1450

Daylime Phone