

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046012

FILED
Apr 15, 2009
Secretary of State

Entity Name: LAGROW IRRIGATION AND WELL DRILLING INC.

Current Principal Place of Business:

744 COUNTY RD. 621 EAST
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1650
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 65-0417717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGROW, KEITH
744 COUNTY RD. 621 EAST
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAGROW, KEITH
Address: 4106 HIGSON AVENUE
City-St-Zip: SEBRING, FL 33875

Title: VP () Delete
Name: LAGROW, FATIMA
Address: 4106 HIGSON AVENUE
City-St-Zip: SEBRING, FL 33875

Title: S () Delete
Name: LAGROW, RHONDA
Address: 3012 CREEKSIDE COURT
City-St-Zip: SEBRING, FL 33875

Title: T (X) Delete
Name: SCHEUERMAN, LENICE
Address: 4254 HIGSON AVENUE
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SCHEUERMAN, LENICE
Address: 4524 HIGSON AVENUE
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENICE SCHEUERMAN

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date